

# Registration Form



## WMA MCM 2023 Webinar

Wednesday,  
April 26, 2023

Register Today!  
Limited Space Available!

### MCM Webinar: Trends in 2023

- Emerging Mobilehome Park Topics
- Insurance

Join us for the first webinar of 2023! This webinar will address key topics affecting community operations in 2023, including insurance issues facing the industry.

Participants will earn six units of MCM credits. Webinar will be 1.5 hours in duration.

All details can be found at [wma.org/aprilwebinar2023](http://wma.org/aprilwebinar2023).

Register online today!

Name \_\_\_\_\_ Email Address \_\_\_\_\_

Name \_\_\_\_\_ Email Address \_\_\_\_\_

Community/Firm \_\_\_\_\_ Membership # \_\_\_\_\_

Address \_\_\_\_\_ City, State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Registration Fees			
Registrations for	Member Rate	Non Member Rate	Sub Totals
April 26	\$129	\$258	\$ _____
		# of Registrants	X _____
		<b>Grand Total</b>	<b>\$ _____</b>

**Date: April 26, 2023**  
**Time: 10:00 a.m. – 11:30 a.m.**

This webinar will be presented via Zoom. Link will be sent prior to the webinar in a separate email.

**Registration Policies:** To qualify for member rates, attendees must be either community owners or managers of member communities, work directly for a S&I member or be directly employed by a member management company. Managers or assistant managers directly employed by a non member community, but managed by a member management company, do not qualify for member rates.

No refunds for “no shows.” Please register at least five business days prior to the event. **Confirmations will be delivered via email.**

Please return this form with your check or credit card information completed below.

Confirmations will be delivered via email; course materials will be provided at the seminar. **Protect your financial information — please DO NOT email this form to WMA. Faxing is a secure protocol.**

Check/Money Order    Visa    MasterCard    AMEX    Discover

Name on Card \_\_\_\_\_

Card # \_\_\_\_\_ Exp \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Signature \_\_\_\_\_ Email Address \_\_\_\_\_

