



2017 WMA Convention & Expo
The Peppermill Reno ■ 2707 South Virginia Street ■ Reno, NV 89502-4284

Registration Form

Duplicate this form if you have more than two registrants. Fees include admittance for one person to a Kick Off lunch, Welcome Reception/Expo Opening with wine tasting and a dinner buffet, breakfast in the Expo, Annual Meeting & Luncheon, President's Dinner Dance, cocktail receptions in the Expo, and the final breakfast, seminars, educational materials, and exhibit activities.

Cancellations

For a full refund, cancellations must be received on or before September 11, 2017; an 85% refund for cancellations received September 12 through September 22, 2017. No refunds for no-shows, cancellations or event tickets on or after September 23, 2017. Call Regina Sanchez immediately for cancellations at 916.448.7002.

Hotel Reservations

Make your hotel reservations directly with the Peppermill Reno by calling 800.282.2444 (use code AWMCH17) or going online to wma.org/conv2017 and follow the link for guest room reservations. Reservations received after September 5 will be accepted on a space-and-rate-availability basis. See "Hotel Guestroom Reservations" regarding scam alert as part of this packet.

Special Needs

- I require special dietary meals.
- I require special meeting/event space accommodations in order to fully participate. A WMA representative will call you.

Travel

WMA was unable to secure an agreement for discounted air fares. We suggest that you try to book your flights in advance so that you can enjoy discounted rates with airlines such as Southwest Airlines (southwest.com or 800.435.9792) or websites that offer discounted airfares such as expedia.com or travelocity.com. WMA has negotiated special meeting rates with Hertz for car rentals during Convention at all California and Nevada locations. Contact Hertz (hertz.com or 800.654.2240) and refer to CV#02RE0031.

Go ONLINE to wma.org/conv2017
MAIL OR FAX
this completed form with payment to:

WMA
455 Capitol Mall, Suite 800
Sacramento, CA 95814
phone 916.448.7002 | fax 916.448.7085

DO NOT email this form with payment information to WMA as the email server is not secure.

Badge Name #1	Badge City	Attendee Email Address
Badge Name #2	Badge City	Attendee Email Address
Community/Firm Name (as it is to appear on badge)		Member ID#
Attendee Address for Confirmation		

City, State, ZIP _____

Daytime Telephone Number _____ Fax Number _____

CHECK ONE:

<input type="checkbox"/> Member - Owner	<input type="checkbox"/> Exhibitor	<input type="checkbox"/> Board Member	<input type="checkbox"/> Committee Member
<input type="checkbox"/> Member - Manager	<input type="checkbox"/> Non-Member	<input type="checkbox"/> Chapter President	<input type="checkbox"/> Speaker
<input type="checkbox"/> Member - S&I	<input type="checkbox"/> Allied Association	<input type="checkbox"/> Committee Chair	

RIBBON CODE (Check all that apply):

EXPO REGISTRATION FEES			
(Fees listed below are per person rates)			
	BEFORE SEPT 14	ON or AFTER SEPT 15	
Member	\$425 pp	\$495 pp x _____ (total registrants)	= \$ _____
Non-Member	\$850 pp	\$990 pp x _____ (total registrants)	= \$ _____
Total Convention & Expo Registrations Due			(A) \$ _____

Benefits for the Frank J. Evans Foundation • Monday, October 16, 2017

GOLF

All fees listed are per person and due by September 1. Space is limited.

Golf Tournament \$150 per person x _____ (total participants) = \$ _____

I will take the shuttle to/from the golf course. I will drive myself to the course.

Pairings request: _____ Handicap _____

Total Golf Due (B) \$ _____

FJE CASH DRAWING DONATION

Yes, I wish to donate \$100 \$250 \$500 toward the "seed money" for the cash drawing! (This is not a ticket for the drawing.) = \$ _____

Total FJE Cash Donation (C) \$ _____

GRAND TOTAL DUE (A + B + C) \$ _____

Networking No-Host Cocktail Reception • Monday, October 16, 2017 • 5:00 p.m.

Yes, I/we plan to attend the networking event. Total number of people attending: _____

Check enclosed (make payable to WMA) or charge to VISA MasterCard AMEX Discover

Cardholder's Name _____

Account # _____ Expires _____

Billing Address _____

City/State _____ ZIP _____

Signature _____ Email* _____

(*Providing your email address guarantees you an immediate receipt of your charges.)