



**Please read if you are registering other people, other than yourself: Registrations require the individual attendee's email address so that they can be sent the instructions for signing on to the virtual website. There should never be one email address for multiple people.** There is a separate section provided for accounting information to be sent receipts in the payment section at the bottom.

Duplicate this form if you have more than two registrants. Fees are on a per-person basis. Each registrant will be given access to a special WMA Virtual Convention website. This allows registrant to vote on items at the Annual Meeting which will be presented in a Zoom format, as well as witness the installation of officers and new president. Members wanting to attend only the Annual Meeting will not be required to register for the entire Convention. Zoom information will be provided later on the 2020 WMA Virtual Convention website ([wma.org/conv2020](http://wma.org/conv2020)). Registrants will have access to the seminars for ten (10) days in order to view all seminars on their own and at their leisure.

**Cancellations**

For a full refund, cancellations must be received on or before September 30, 2020; an 85% refund will be given for cancellations received between October 1 and October 9, 2020. No refunds from October 10, 2020 through October 23, 2020 for cancellations or any other reason. Please send an email to Regina Sánchez immediately for cancellations at [regina@wma.org](mailto:regina@wma.org).

**TO REGISTER**

Go ONLINE to [wma.org/conv2020](http://wma.org/conv2020) and find the CONVENTION REGISTRATION tab

or

MAIL OR FAX

this completed form with payment to:

WMA

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

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

Name #1 \_\_\_\_\_ Attendee's email address for website access \_\_\_\_\_

Name #2 \_\_\_\_\_ Attendee's email address for website access \_\_\_\_\_

Community/Firm Name \_\_\_\_\_ Member ID# \_\_\_\_\_

Attendee Address for Confirmation \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Daytime Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

**REGISTRATION TYPE – CHECK ONE:**

- Member – Owner     Non-Member
- Member – Manager     Allied Association
- Member – S&I     Exhibitor/Sponsor

**EXPO REGISTRATION FEES**

(Fees listed below are per person rates)

	BEFORE SEPT 30	ON or AFTER OCTOBER 1		
Member	\$179 pp	\$199 pp x _____	(total registrants)	= \$ _____
Non-Member	\$ 358 pp	\$398 pp x _____	(total registrants)	= \$ _____
<b>Total WMA Virtual Convention Registrations Due</b>				<b>\$ _____</b>

- Yes, I/we plan to attend the Annual Meeting via Zoom.
- I plan to accumulate MCM credits.
- Check enclosed (make payable to WMA) or charge to  VISA     MasterCard     AMEX     Discover

Cardholder's Name \_\_\_\_\_ Sec Code \_\_\_\_\_

Account # \_\_\_\_\_ Expires \_\_\_\_\_

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

City/State \_\_\_\_\_ ZIP \_\_\_\_\_

Signature \_\_\_\_\_ Email\* \_\_\_\_\_

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