



October 11 – 14
Peppermill Resort Casino Spa • Reno, Nevada

Registration Information

Please register only ONE person per form. The Participant Registration Disclaimer and Liability Waiver box MUST be checked in order to attend. The full waiver is located at wma.org/Conv21. Duplicate this form if you have more than one registrant. Fees include admittance for one person to a Kick Off lunch, Welcome Reception/Expo Opening with wine tasting and 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 3, 2021; an 85% refund for cancellations received September 4 through September 14, 2021. No refunds for no-shows, cancellations or event tickets on or after September 15, 2021. Call Regina Sanchez immediately for cancellations at 916.448.7002.

Hotel Reservations

Make your hotel reservations directly with Peppermill Resort Casino Spa by calling 800.282.2444 (use code CWMHC21) or going online to wma.org/Conv2021 and follow the link for guest room reservations. Reservations received after September 5th 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. Regina will contact you by phone or email.

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 at southwest.com or 800.435.9792. 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#02RE0034.

Go ONLINE to wma.org/conv2021
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.

Badge Name #1 _____ 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 _____

REGISTRATION TYPE – CHECK ONE:

- Member - Owner Non-Member
- Member - Manager Allied Association
- Member - S&I Exhibitors use Booth Personnel Form from Exh Packet

RIBBON CODE (Check all that apply):

- Board Member Committee Member
- Chapter President Speaker
- Committee Chair

EXPO REGISTRATION FEES

(Fees listed below are per person rates)

	BEFORE SEPT 13	ON or AFTER SEPT 14		
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 11, 2021

GOLF

All fees listed are per person and due by September 3. Space is limited.

Golf Tournament \$150 per person x _____ (total participants) = \$ _____
 I will need a ride to the course. I am willing to drive others to the course.

Pairings request: _____ Handicap _____

Total Golf Due (B) \$ _____

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 Cash Donation (C) \$ _____

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

Networking No-Host Cocktail Reception • Monday, October 11, 2021 • 5:00 p.m.

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

All guests, regardless of registration MUST sign the Participant Registration Disclaimer and Liability Waiver in order to participate. You can print the full form at wma.org/Conv2021 and send it with your ticket request.

PARTICIPANT REGISTRATION DISCLAIMER AND LIABILITY WAIVER

- BY CHECKING THIS BOX, I, THE UNDERSIGNED, HAVE READ THE PARTICIPANT REGISTRATION WAIVER AND RELEASE AND UNDERSTAND THAT I AM GIVING UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND NONETHELESS SIGN IT KNOWINGLY AND VOLUNTARILY. THIS WILL BE TREATED AS AN ORIGINAL SIGNATURE. The full form is located at wma.org/Conv2021. Each participant must check box and sign.

Signature _____

- 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.)