



WASCA 2010 Annual Education Conference November 11 & 12, 2010



REGISTRATION FORM

Sheraton Seattle Hotel
1400 Sixth Avenue, Seattle, WA 98101
Mention you are with WASCA when making reservation for Special Hotel Conference Rates 1-888-627-7056

Facility : _____

Address: _____

City, State, Zip: _____

Contact: _____ Phone: _____

E-Mail: _____ Fax: _____

Registration (Before October 15, 2010)	
\$ 300.00 WASCA Member	\$250.00 Additional Attendee(s)
\$ 400.00 Non-Member	\$350.00 Additional Non-Member Attendee(s)

Late Registration After October 15, 2010
Please Add \$50.00 To Each Attendee Registration

Attendees:	RN #	Total
<input type="checkbox"/> _____ Name _____ E-Mail _____		\$
<input type="checkbox"/> _____ Name _____ E-Mail _____		\$
<input type="checkbox"/> _____ Name _____ E-Mail _____		\$
<input type="checkbox"/> _____ Name _____ E-Mail _____		\$

! After October 20, 2010 cancellations will be refunded at 50%
After November 1, 2010 cancellations will not be refunded.

Total: \$ _____

Credit Card Type
 Visa MasterCard American Express Credit Card Number: _____
 Expiration Date: ____/____/____ CVV #: _____ Cardholder Name _____
 Billing Address: _____ City _____ State _____ Zip _____
 Signature _____

<p style="text-align: center;">Please Mail Registration Form & Payment To: WASCA 17837 1st Avenue South PMB #306 Normandy Park WA 98148 Questions? Contact: Patti McMinn-WASCA Administrative Assistant Telephone: (206) 992-3330 Fax: (206) 824-4237 E-mail: pattim@wasca.net</p>	<p><i>Administrative use Only</i></p> <p>Date _____ Check # _____ Approval # _____ Amount \$ _____ Batch# _____ # of Attendees _____</p>
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