

WTA NON-MEMBER REGISTRATION FORM

Company Name: _____ Contact Name: _____

Tel: _____ Cell: _____ Email: _____

(All information pertaining to the meeting will be sent to the contact email/address.)

Contact Mailing Address: _____

Please Check one: [] Telecommunications Company [] Other

I. REGISTRATION: FOR PRICING AFTER FEBRUARY 28, 2014, PLEASE SEE BELOW.

NAME	NON-MEMBER FEE*	GOLF**	GOLF HANDICAP	TOTAL
_____	_____ x \$1,149	_____ x \$130	_____	\$ _____
_____	_____ x \$1,149	_____ x \$130	_____	\$ _____
_____	_____ x \$1,149	_____ x \$130	_____	\$ _____
_____	_____ x \$1,149	_____ x \$130	_____	\$ _____
_____	_____ x \$1,149	_____ x \$130	_____	\$ _____
_____	_____ x \$1,149	_____ x \$130	_____	\$ _____
_____	_____ x \$1,149	_____ x \$130	_____	\$ _____
_____	_____ x \$1,149	_____ x \$130	_____	\$ _____

*NON-MEMBER REGISTRATION: **\$1,149** (After 2/28 \$1,249, At-The-Door \$1,349) *Registration includes scheduled meal functions, receptions and all seminars.*

GOLF FEE: **\$130 (After 2/28 \$140, At-The-Door \$150) *NOTE: Registration fees are required to participate in the golf tournament.*

SOCIAL REGISTRATION: *Trying to register a guest? Please complete the Social Registration Form.*

CANCELLATION POLICY: *Please refer to the Convention Booklet.*

II. PAYMENT INFORMATION:

Please mail this form with a check payable to: **WTA, 1361 Elm St., Suite 7, Helena, MT 59601.**

Registration Questions? Please contact WTA at 406.443.6377 or email Lea Cramer at lea@w-t-a.org

GRAND TOTAL

\$ _____