

NON-MEMBER REGISTRATION FORM



2014 FALL MEETING | SEPTEMBER 14-17 | COEUR D'ALENE, ID

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 AUGUST 1, 2014, PLEASE SEE BELOW.

NAME	NON-MEMBER FEE*	GOLF**	GOLF HANDICAP	TOTAL
_____	_____ x \$1,149	_____ x \$160	_____	\$ _____
_____	_____ x \$1,149	_____ x \$160	_____	\$ _____
_____	_____ x \$1,149	_____ x \$160	_____	\$ _____
_____	_____ x \$1,149	_____ x \$160	_____	\$ _____
_____	_____ x \$1,149	_____ x \$160	_____	\$ _____
_____	_____ x \$1,149	_____ x \$160	_____	\$ _____
_____	_____ x \$1,149	_____ x \$160	_____	\$ _____
_____	_____ x \$1,149	_____ x \$160	_____	\$ _____

***NON-MEMBER REGISTRATION: \$1,149** (After 8/01 \$1,249, At-The-Door \$1,349) *Registration includes scheduled meal functions, receptions and all seminars.*

****GOLF FEE: \$160** (After 8/01 \$170, At-The-Door \$175) **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 Fall Meeting Brochure online.*

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

\$ _____