

WSTDA 2007 Annual Meeting

May 5-9, 2006 • Doubletree Paradise Valley Resort • Scottsdale, Arizona

REGISTRATION DEADLINE : APRIL 4, 2007

Please type or print. Photocopy form for additional registrants.

Please check one: Affiliate Associate Regular Non-Member

Company Rep. _____ Badge Nickname _____ 1st conference? Y N

Company _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

E-mail _____

If we have questions, who may we call? _____

Spouse Name _____ Badge Nickname _____

Child Name _____ Age _____

Child Name _____ Age _____

Golf Handicap(s) (for golf tourney participants): _____



READ BELOW BEFORE FILLING OUT FORM:

Please type or print information as you want it to appear on your badge. Photocopy this form for additional registrants. No phone registrations accepted. Payment must accompany this form.

| EVENT | COST | COMPANY REP. | SPOUSE/COMPANION | CHILD 1 | CHILD 2 |
|---|-------------------|--------------|------------------|---------|---------|
| Member representative | \$395 | | | | |
| Non-member representative | \$595 | | | | |
| Spouse/Companion | \$225 | | | | |
| Children | 6-12 years \$100 | | | | |
| | 13-17 years \$125 | | | | |
| Late Registration Fee (after 4/4/07) per form | \$100 | | | | |
| Golf Tournament (Tuesday, May 8, 2007) | \$160 | | | | |
| Native Cultures & Plants Tour (Monday, May 7) | \$55 | | | | |
| Fort McDowell Casino (Tuesday, May 8) | \$35 | | | | |
| Platinum Conference Sponsor (Optional) | \$1,000 | | | | |
| Gold Conference Sponsor (Optional) | \$500 | | | | |
| Silver Conference Sponsor (Optional) | \$350 | | | | |
| Bronze Conference Sponsor (Optional) | \$200 | | | | |
| Fees Due for Each Attendee | | \$ | \$ | \$ | \$ |

Total Amount Due \$ _____

Registration Fees

- Member \$395
- Non-Member \$595
- Spouse/companion \$225
- Child (under 6 yrs.) Free
- Child (6-12 yrs.) \$100
- Child (13-17 yrs.) \$125

\$100 late registration fee applies after 4/4/07.

Registration fee covers all business sessions, conference materials and all scheduled meal functions.

Disability

If you have a disability or dietary need and require special accommodation in order to fully participate in this event, please check the box on the left. Attach a written description of needs. We can only provide access if we have prior knowledge.

Cancellation Policy

All cancellations must be in writing. No refunds will be made after April 13, 2007. Cancellations prior to April 14, 2007 will be charged a \$75 administrative fee. It is your responsibility to cancel hotel reservations.

PAYMENT

No phone registrations. Payment must accompany this form.

- Check (payable to WSTDA) VISA MasterCard AmEx

Credit Card # _____ Expiration Date _____

Billing Address _____ City/State/Zip _____

Cardholder Name _____ Signature _____

Return this form with payment in U.S. funds to WSTDA

2105 Laurel Bush Rd., Suite 200, Bel Air, MD 21015 • (443) 640-1070 • Fax: (443) 640-1031