



2017 WASCA Annual Education Conference Attendee Registration Form

October 12 & 13, 2017

The Tulalip Resort, Tulalip, WA

Questions? Contact Becky Constantine at becky@wasca.net or 206-956-3631

Primary Contact Information

Name: _____
 Title: _____
 Company: _____
 Address: _____
 City, State, Zip: _____
 Phone: _____
 E-Mail: _____

Payment Information

Fax registration forms to:
 (206) 441-5863

Or mail to:
 WASCA
 2001 Sixth Ave, Suite 2700
 Seattle, WA 98121

E-mail registration to:
becky@wasca.net

VISA, MasterCard, Discover or American Express.

Card #: _____
 Exp. Date: _____ CVV: _____
 Name (as it appears on the credit card): _____

 Billing Address: _____
 City, State, Zip: _____
 Phone #: _____
 E-mail: _____
 Signature: _____

Administrative Use Only

Date: _____ Fee \$: _____
 Check #: _____ Approval #: _____

Please list name(s) as it should appear on badge:

Name: _____
 Title: _____
 E-mail: _____
 RN or AEU#: _____

Name: _____
 Title: _____
 E-mail: _____
 RN or AEU#: _____

Registration Fees

****Early Bird Discount until August 1, 2017***

of Attendees

- _____ \$400 WASCA Member
- _____ \$350 Additional WASCA Member
- _____ \$325 Member – Thursday only
- _____ \$325 Member – Friday only
- _____ \$550 Non-Member
- _____ \$500 Additional Non-Member
- _____ \$475 Non-Member – Thursday only
- _____ \$475 Non-Member – Friday only

Indicate which tracks you will attend (if any):

- _____ Clinical Track
- _____ Admin Track
- _____ General Infection Control Track
- _____ GI Infection Control Track

- _____ Total Attendees
- _____ Total Registration Fees

***After August 1st, please add \$50 per registrant.**

50% refund of registration fees available until September 11, 2017. No refunds will be issued after September 12, 2017. Transfer of registration fees to another colleague or industry member is allowed.