

# ADMITTANCE FORM: Associate Member

WTA Fall Meeting :: September 7 - 11, 2008 :: The Fairmont Olympic Hotel Seattle :: 411 University Street, Seattle, Washington 98101

Company Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact Mailing Address: \_\_\_\_\_ (All information pertaining to the meeting will be sent to the contact email/address only.)

## I. SPONSORSHIP REGISTRATION:

SPONSORSHIPS (CALL WTA FOR UP-TO-DATE SPONSOR INFORMATION)	AFTER 7/31-\$795	AFTER 7/31-\$275	COFFEE TASTING (TUESDAY)	TOTAL
	ASSOCIATE MEMBER	SPOUSE/ GUEST		
THE CURE SPONSORSHIP :: \$3,000 <b>SOLD</b>	___ x \$695	___ x \$175	___ x \$25	\$ _____
PSYCH WARD SPONSORSHIP :: \$3,000	___ x \$695	___ x \$175	___ x \$25	\$ _____
RX RECEPTION :: \$2,000 <b>(4)</b>	___ x \$695	___ x \$175	___ x \$25	\$ _____
GROUP THERAPY SPONSORSHIP :: \$2,000 <b>(4)</b>	___ x \$695	___ x \$175	___ x \$25	\$ _____
EMT SPONSORSHIP :: \$1,500	___ x \$695	___ x \$175	___ x \$25	\$ _____
MEMBERS CLUB ROOM SPONSORSHIP :: \$2,500 each <b>(30)</b>	___ x \$695	___ x \$175	___ x \$25	\$ _____
OUTPATIENT REGISTRATION SPONSORSHIP :: \$2,500 <b>SOLD</b>	___ x \$695	___ x \$175	___ x \$25	\$ _____
ER SPONSORSHIP :: \$2,500	___ x \$695	___ x \$175	___ x \$25	\$ _____
DEFIBILLATOR SPONSORSHIP :: \$2,000	___ x \$695	___ x \$175	___ x \$25	\$ _____
BLOOD DRIVE SPONSORSHIP :: \$2,000 <b>(2)</b>	___ x \$695	___ x \$175	___ x \$25	\$ _____
BOARD SPONSORSHIPS :: \$750	___ x \$795	___ x \$175	___ x \$25	\$ _____

List Attendee/Guest/Spouse Name: \_\_\_\_\_

SUB TOTAL \$ \_\_\_\_\_

## II. REGISTRATION: (NO SPONSORSHIP)

NAME	AFTER 7/31-\$895	AFTER 7/31-\$275	COFFEE TASTING (TUESDAY)	TOTAL
	ASSOCIATE MEMBER	SPOUSE/ GUEST		
_____	___ x \$795	___ x \$175	___ x \$25	\$ _____
_____	___ x \$795	___ x \$175	___ x \$25	\$ _____
_____	___ x \$795	___ x \$175	___ x \$25	\$ _____
_____	___ x \$795	___ x \$175	___ x \$25	\$ _____

SUB TOTAL \$ \_\_\_\_\_

## NON-MEMBER REGISTRATION FEE \$995 / SOCIAL \$295

(After 7/31 Non-Member Registration Fee \$1095 / Social \$395)

**GRAND TOTAL** \$ \_\_\_\_\_

## III. PAYMENT INFORMATION:

I, \_\_\_\_\_, an authorized representative of \_\_\_\_\_, have read WTA's registration and sponsorship brochure and policies, and I understand and agree to the terms and conditions stated therein.

**Type of Payment:** ( ) Check ( ) American Express ( ) MasterCard ( ) Visa

By signing below, I hereby authorize WTA to charge my credit card for all applicable registration and sponsorship fees listed above. I understand and agree that registration fees may not be refundable, and that I shall not request a charge-back to my credit card for events for which I have agreed to register or sponsor. All payment disputes shall be resolved between myself and the Western Telecommunications Alliance.

Name as it appears on credit card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Code: (if applicable): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FAX THIS FORM TO: 406.443.0591 OR MAIL WITH CHECK PAYABLE TO WTA, PO BOX 5655, HELENA, MONTANA 59604.  
REGISTRATION QUESTIONS? PLEASE CONTACT WTA AT 406.443.6377 OR EMAIL LEA@W-T-A.ORG**