

ADMITTANCE FORM: Telco 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.)

RUS Meeting Request: [] Yes (Please indicate if you would like to schedule an RUS meeting. A representative from WTA will contact you to schedule the meeting.)

I. REGISTRATION:

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

II. 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