

# Telco Member Registration

WTA Spring Meeting  
 March 31 - April 3, 2008  
 The Meritage Resort & Spa  
 875 Bordeaux Way, Napa, CA, 94558

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 2/29-\$895	AFTER 2/29-\$375	[ LIMITED SPACE ]		AFTER 2/29-\$150	GOLF HANDICAP	TOTAL
	TELCO MEMBER (MEALS INCLUDED)	SPOUSE/ GUEST (MEALS INCLUDED)	WINE TASTING (MONDAY)	WINE TASTING (WEDNESDAY)	GOLF FEE		
_____	___ x \$795	___ x \$275	___ x \$45	___ x \$45	___ x \$140	_____	\$ _____
_____	___ x \$795	___ x \$275	___ x \$45	___ x \$45	___ x \$140	_____	\$ _____
_____	___ x \$795	___ x \$275	___ x \$45	___ x \$45	___ x \$140	_____	\$ _____
_____	___ x \$795	___ x \$275	___ x \$45	___ x \$45	___ x \$140	_____	\$ _____
_____	___ x \$795	___ x \$275	___ x \$45	___ x \$45	___ x \$140	_____	\$ _____
_____	___ x \$795	___ x \$275	___ x \$45	___ x \$45	___ x \$140	_____	\$ _____
_____	___ x \$795	___ x \$275	___ x \$45	___ x \$45	___ x \$140	_____	\$ _____
_____	___ x \$795	___ x \$275	___ x \$45	___ x \$45	___ x \$140	_____	\$ _____
_____	___ x \$795	___ x \$275	___ x \$45	___ x \$45	___ x \$140	_____	\$ _____
_____	___ x \$795	___ x \$275	___ x \$45	___ x \$45	___ x \$140	_____	\$ _____

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

**Non-Member Registration Fee \$995 / Social \$395**  
 (After 2/29 Non-Member Registration Fee \$1095 / Social \$495)

<b>GRAND TOTAL</b>	\$ _____
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## 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**