

Early Bird Deadline: July 1, 2008
2008 WSNA CONFERENCE REGISTRATION
August 4 - 6, 2008 ~ Doubletree - Spokane City Center Hotel ~ Spokane, Washington

Membership No. _____ Preferred Name on Badge _____

 First _____ Last _____

 Mailing Address _____

 City _____ State _____ ZIP _____

 Telephone _____ Email Address _____

 District _____

 Chapter Name _____ Chapter Number _____

I have been a WSNA member since _____ (Year)

First Conference? Yes No Certified? Yes No
 If you require special services covered under the Americans with Disabilities Act of 1990 or require a special diet, please contact Kathy Buchanan, wsna@comcast.net, 509-926-9177.

Pre-register by July 1 and your name will be entered in a drawing for a \$25 gift certificate.

Registration will be Sunday - Wednesday at the hotel. Your receipt will be in your Conference Packet.

Ways to Register:

- Fax: Send registration form and credit card information (Visa & MasterCard ONLY) to 509.926.0674.
- Mail: Send form & check to WSNA, 9116 E Sprague Avenue #471, Spokane, WA 99206.

A. Registration Fees:

Early Bird Rate-EB (postmarked by 7/1/08); Regular Rate-RR (postmarked after 7/1/08 or onsite)

Please circle one:	EB	RR
*Full Conference:		
Member	\$100	\$125
Non-member	\$205	\$230
**1.5 Day (Circle One: M/T T/W)		
Member	\$ 75	\$100
Non-member	\$180	\$205

Section "A" Total \$ _____

**Full Conference Registration* includes all breakfasts, Area Luncheon, Night of Entertainment & President's Banquet.

***1.5 Day Registration is available ONLY for registrants of training classes held during conference.* Registrants in the M/T class may sign up for the T/W registration (includes Exhibits, President's Banquet, Wed. breakfast and sessions); registrants in the T/W class may sign up for the M/T registration (includes Monday meals and sessions, Night of Entertainment, and exhibits.)

B. Pre-Conference & Conference Training Classes

Pre-registration is required. Sessions will be canceled if a minimum of 20 are not registered by July 21. If canceled, registrants will receive a full refund by mail after the conference. Classes are limited to 50. Check the session(s) for which you wish to register.

- Serving It Safe, Sat. 8/2 & Sun. 8/3 \$40
- Human Resources, Sat. 8/2 & Sun. 8/3 \$40
- Production Records, Sat. 8/2 & Sun. 8/3 \$40
- ***Menu Planning/Standardized Recipes, Mon. 8/4 & Tue. 8/5 \$40
- ***Basic Nutrition, Tues. 8/5 and Weds. 8/6 \$40

***Attendees may register for 1.5 Day Conference (See "Registration Fees")

Section "B" Total \$ _____

C. Extra Meals Only (Purchases)

If you wish to order additional meal tickets for guests, please indicate below. Remember that all events listed below are included in the price of your conference registration. This section is for extra tickets ONLY.

- Monday Breakfast, 8/4/08 _____ No. @ \$20 each = \$ _____
- Area Luncheon, 8/4/08 _____ No. @ \$25 each = \$ _____
- Night of Entertainment, 8/4/08 _____ No. @ \$40 each = \$ _____
- Tuesday Breakfast, 8/5/08 _____ No. @ \$20 each = \$ _____
- Presidents Banquet, 8/5/08 _____ No. @ \$45 each = \$ _____
- Wednesday Breakfast, 8/6/08 _____ No. @ \$20 each = \$ _____

Section "C" Total \$ _____

Refund & Returned Check/Denied Credit Card Policy

All cancellations must be in writing and received by July 16, 2008. All cancellations received by July 16 will be refunded less a \$15 administrative fee. No refund will be allowed if the request is made after the meeting has taken place. Partial refunds may be granted at the discretion of WSNA. A \$5 fee will be assessed for returned checks; a \$15 fee will be assessed for denied credit card payments.

REGISTRATION PAYMENT

****Purchase orders will not be accepted.****

CHECK enclosed, payable to WSNA

Total: \$ _____ (A + B+C)

CREDIT CARD

MasterCard Visa Discover

Card #: _____

Expiration Date: ____/____/____ District card? Y N

Credit Card Total: \$ _____ (A+B+C)

Signature _____

Date _____

Printed Name on Card _____

ZIP Code of Billing Address of Card _____

Liability & Indemnification Agreement

I understand there is some risk inherent in traveling to and from, and as a result of, attending the WSNA State Conference in Spokane August 4-6, 2008. The undersigned hereby releases WSNA and the committees, members, officers, employees, as well as other participants and other persons who may take part in said conference from all liability from injury, death and property damage that may be suffered in connection with such activities, where due to negligence or otherwise, accepting such risks involved and waiving all rights or any kind that might otherwise arise. The undersigned agrees to indemnify WSNA, its committees, members, officers, employees, and directors against all judgments obtained and against the cost of defense of such claims including reasonable attorney's fees.

Signature _____ Date _____

(Required)