



Fill Out The Form Below To Register:

Mail This Form To: WSCAI, 19101 36th Ave W Ste 205, Lynnwood, WA 98036
OR Email To: michelle.leary@wscai.org (Credit Cards Only)

QUESTIONS?

Call: (425) 778-6378
Email: michelle.leary@wscai.org

Our Association Is: Self-Managed or Professionally Managed by (Company): _____

Manager's Name (Individual): _____ # of Units/Home: _____ Leg District: _____

1st Registrant

Name: _____ Association or Co. Name: _____

Address: _____

City/State/Zip: _____

Email: _____ (Registration confirmations will be sent to email addresses.)

Phone: _____ Food Allergies? _____

Meal Choice (includes salad, sides & dessert): Chicken (default if no selection) Veggie – Portobello Mushrooms

Please check the session that you are most interested in attending in each time slot*:

- 8:30 – 9:45 a.m. 1A 1B 1C 1D 1E
- 11:15 a.m. – 12:30 p.m. 2A 2B 2C 2D 2E
- 2:15 – 3:30 p.m. 3A 3B 3C 3D 3E

*Attendees will be free to choose different sessions at CA Day. This information is simply to assist in the planning process.

Do not provide my contact information to exhibitors and sponsors of CA Day.

2nd Registrant

Name: _____ Association or Co. Name: _____

Address: _____

City/State/Zip: _____

Email: _____ (Registration confirmations will be sent to email addresses.)

Phone: _____ Food Allergies? _____

Meal Choice (includes salad, sides & dessert): Chicken (default if no selection) Veggie – Portobello Mushrooms

Please check the session that you are most interested in attending in each time slot*:

- 8:30 – 9:45 a.m. 1A 1B 1C 1D 1E
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Registration Fees:

Full registration includes continental breakfast, coffee stand, seminars, lunch, trade show, reception and the opportunity to win many prizes. \$5 of each registration fee will be donated to WSCAI's Legislative Action Committee.

| | Through 8/30 | Through 9/27 | After 9/27 | At The Door |
|--|--------------|--------------|------------|-------------|
| WSCAI Members (Per Person) | | | | |
| Full Registration – homeowners & managers | \$90 | \$110 | \$135 | \$155 |
| Full Registration – business partners (non-exhibiting) | \$250 | \$300 | \$350 | \$400 |
| Non-Members (Per Person) | | | | |
| Full Registration – homeowners & managers | \$114 | \$134 | \$164 | \$184 |
| Full Registration – business partners (non-exhibiting) | \$299 | \$349 | \$399 | \$449 |

Payment Method: Check MC Visa AmEx Amount Enclosed Or To Be Charged To Credit Card: \$ _____

Card #: _____

Name on card (print): _____ Exp. Date: _____ CVV: _____

Signature: _____ Phone: _____

CANCELLATION POLICY: Cancellations received after **Friday, September 20, 2019** will NOT be refunded. Substitutions are welcome.