



WSOA 2017 Annual Meeting
Dec. 1-2
The Fairmont/Olympic Hotel, Seattle

REGISTRATION FORM (please type or print clearly)

Full Name _____ Name for Badge _____

Group/Hospital _____

Address _____

City/State/Zip _____

Phone _____ Email* _____

****Please be sure to include your email. We will email you a receipt as well as the electronic syllabus link***

Conference registration fee includes your CME tuition, an e-syllabus, breakfast and lunch on Friday, the Friday night reception and breakfast on Saturday for attendee only. Guests/spouses are welcome to attend the reception for an additional \$40 each.

- My food preference is gluten free My food preference is vegetarian My food preference is vegan
 I will attend the Friday Night Reception immediately following the meeting

Conference Registration

- | | |
|--|-----------------|
| <input type="checkbox"/> WSOA Member | \$395.00 |
| <input type="checkbox"/> Non-Member | \$545.00 |
| <input type="checkbox"/> Life Member | \$285.00 |
| <input type="checkbox"/> RN's | \$285.00 |
| <input type="checkbox"/> Midwife | \$285.00 |
| <input type="checkbox"/> Residents/Fellows | No charge |
| <input type="checkbox"/> Reception Guest | \$ 40.00 |
| <input type="checkbox"/> Support a Resident | \$100.00 |
| <input type="checkbox"/> PAY MY 2018 DUES | \$135.00 |

TOTAL ENCLOSED: _____

Mail to: WSOA
2001 SIXTH AVENUE, STE 2700
SEATTLE, WA 98121

- Enclosed is my check made payable to: **WSOA**
 CREDIT CARD PAYMENT: **PAY ON LINE AT WWW.WSOAONLINE.ORG YOU DO NOT NEED TO HAVE A PAYPAL ACCOUNT**

CANCELLATION POLICY: We must receive written notification of your cancellation. A \$75 admin/processing fee will be deducted from the registration refund. No refunds after Nov. 20, 2016. **INQUIRES:** Contact the WSOA Office at 206-956-3642, or send an email to ddw@wsma.org