



FALL CONFERENCE REGISTRATION FORM

**September 17, 18, & 19, 2008
8:30am – 5:00pm**

**Icicle Inn Best Western
505 Hwy 2, Leavenworth, WA**

www.icicleinn.com

509-548-7000

Member Name: _____

Title: _____

Department: _____

Mailing address: _____

Phone Number: _____ Fax No: _____

E Mail: _____

Conference Cost: \$250 members

\$290 non members (includes annual membership fee)

See Flier and Class Line Up For Details

Method of Payment:

Check, Money Order, Cashier Check, Purchase Order
(sorry, not set up for credit card payments at this time)

Return Completed Form & Payment Information by **September 12, 2008**

MAIL TO:



WACE

Attention: Orlando Howell, Treasure

P.O. Box 617

Hoquiam, WA 98550

Fax Number: (360) 538 - 0938