

REGISTRATION FORM



National WIC Association

Date: _____

1. ATTENDEE INFORMATION

First Name: _____ Last Name: _____

Job Title (not credentials): _____

Agency/Company Name: _____

Company Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ Email: _____

Are you (check all that apply): Attendee Speaker

SSN _____ (needed for White House Briefing) DOB _____

2. REGISTRATION FEES

Regular Registration: NWA Member Rate: \$325
Fees before Feb 14, 2015 Non-Member Rate: \$425

Late Registration: NWA Member Rate: \$375
Fees after Feb 14, 2015 Non-Member Rate: \$475

3. PAYMENT METHOD

Check Amount: _____ Check #: _____

Purchase Order Purchase Order #: _____

Credit Card: Visa Mastercard American Express Discover Card

Card # _____ Exp Date: _____ CVC code: _____

Name on Card _____ Authorized by: _____

Submit this form by: emailing nlucero@nwica.org or click the submit button; or fax to 202-387-5281; or mail with your payment to: NWA

2001 S Street NW, Suite 580
Washington, DC 20009



Once your registration has been processed, you will receive a confirmation to the email listed above. **Refunds will not be granted for cancellations after February 14, 2015.**

Questions? Call the NWA office at 202-232-5492.