

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 ☐ Poster presenter ☐

Vegetarian? Yes ☐ No ☐

2. REGISTRATION FEES

Regular Registration:

Fees before July 31, 2016

☐ NWA Member Rate: \$385

☐ Non-Member Rate: \$485

☐ Single Day Member Rate: \$200 → ☐ Thursday ☐ Friday

☐ Single Day Non-Member Rate: \$275 → ☐ Thursday ☐ Friday

Late Registration:

Fees after July 31, 2016

☐ NWA Member Rate: \$410

☐ Non-Member Rate: \$535

☐ Single Day Member Rate: \$200: ☐ Thursday ☐ Friday

☐ Single Day Non-Member Rate: \$275: ☐ Thursday ☐ Friday

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
by Email**

Submit this form by: email 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 July 31, 2016.**

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