

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: NWA Member Rate: \$385
 Fees before Feb 28, 2017 Non-Member Rate: \$485
 Single Day Member Rate: \$185 → Monday Tuesday
 Single Day Non-Member Rate: \$245 → Monday Tuesday

Late Registration: NWA Member Rate: \$410
 Fees after Feb 28, 2017 Non-Member Rate: \$535
 Single Day Member Rate: \$185: Monday Tuesday
 Single Day Non-Member Rate: \$245: Monday Tuesday

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: email registration@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 received after February 28, 2017.**

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