

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

2. REGISTRATION FEES

Regular Registration: NWA Member Rate: \$350
Fees before Jan 27, 2017 Non-Member Rate: \$450

Late Registration: NWA Member Rate: \$400
Fees after Jan 27, 2017 Non-Member Rate: \$500

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: clicking 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 January 27, 2017**

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