

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 August 10, 2018

NWA Member Rate: \$385

Non-Member Rate: \$485

Single Day Member Rate: \$200 → Tuesday Wednesday

Single Day Non-Member Rate: \$275 → Tuesday Wednesday

Late Registration:

Fees after August 10, 2018

NWA Member Rate: \$410

Non-Member Rate: \$535

Single Day Member Rate: \$200: Tuesday Wednesday

Single Day Non-Member Rate: \$275: Tuesday Wednesday

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 after August 10, 2018.**

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