

2018 LSAW CONFERENCE - GRAND DAVENPORT - MARCH 7th - 9th

FULL NAME (LAST/FIRST/MI) _____ FIRST NAME or NICKNAME (as you wish it to appear on your badge) _____

Is your mailing address your: BUSINESS RESIDENCE

COMPANY _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ EMAIL _____

CONFERENCE REGISTRATION

WARNING! Walk-in Registrations will be charged an additional \$50. Pre-registration recommended.

**Register Online & Save
Save \$15 at LSAW.org**

| | BY FEBRUARY 8TH | | AFTER FEBRUARY 8TH | | TOTALS |
|--|-----------------|------------|--------------------|------------|----------|
| | Member | Non-Member | Member | Non-Member | |
| FULL REGISTRATION Includes all sessions, exhibits, & welcome event. | \$400 | \$565 | \$500 | \$665 | \$ _____ |
| PLS TEST TRACK LSIT Required. Limited seating. First 30 registrants. | \$250 | \$315 | \$350 | \$415 | \$ _____ |
| ONE DAY REGISTRATION Mark One: <input type="checkbox"/> Wed. <input type="checkbox"/> Thurs. <input type="checkbox"/> Fri. | \$250 | \$350 | \$300 | \$400 | \$ _____ |

SPECIAL EVENT TICKETS

Meal tickets are NOT included with your registration above. Pre-purchasing tickets is recommended for you and your guests.
Onsite sales of meal tickets will be limited and not guaranteed.

| | | | | |
|---|-------------------------|---|-----------|-----------------|
| WEDNESDAY BUFFET LUNCH & ANNUAL MEETING | Number of Tickets _____ | X | \$15 each | \$ _____ |
| THURSDAY BUFFET LUNCH WITH EXHIBITORS | Number of Tickets _____ | X | \$15 each | \$ _____ |
| THURSDAY NIGHT AWARDS BANQUET | Number of Tickets _____ | X | \$40 each | \$ _____ |
| FRIDAY PAST-STATE PRESIDENT'S BREAKFAST Purchase in advance required. Past Presidents will be refunded upon attendance. | Number of Tickets _____ | X | \$20 each | \$ _____ |
| FRIDAY BUFFET LUNCH WITH EXHIBITORS | Number of Tickets _____ | X | \$15 each | \$ _____ |
| FRIDAY NIGHT SOCIAL EVENT - TBD Join us for a Conference wind-down social event. Location to be determined. Your RSVP will help us plan the event. | Number of Tickets _____ | X | FREE | FREE |
| GRAND TOTAL REGISTRATION & MEALS | | | | \$ _____ |

PAYMENT INFORMATION

Check Enclosed (Checks payable to LSAW Conference)
Charge to: Visa MasterCard Government Purchase Order

Cardholder Name _____

Account # _____ Exp. Date _____ CID # _____

Authorized Signature _____

Billing Address (if different from registration address) _____

Government Purchase Order Number and Contact Person _____

Mail to:
LSAW
526 South E Street
Santa Rosa, CA 95404

Fax to:
(707) 578-4406
Questions?
info@lsaw.org

PHOTO/VIDEO DISCLAIMER: By registering for and attending this conference, you agree that your image may be taken during the conference and used at any time, without further notification, for printed materials, websites, social media and other marketing purposes.

CONTACT DISCLAIMER: By registering for and attending this conference, you agree that your contact information may be provided to exhibitors for a one-time use in providing you information regarding their products/services.

CANCELLATIONS: To receive a refund on registration fees (less a \$25.00 cancellation fee), all cancellations must be received in writing no later than Feb. 8, 2018. Substitutions welcome - additional fees may apply. Contact the conference office at : (888) 994-2845 for more information.

HOTEL INFORMATION:
Grand Davenport - Spokane, WA ~ Room Rate: \$139 (book by Feb. 8th)
Reservations: 800-228-9290