



FAX OR MAIL-IN REGISTRATION FORM
2012 LSAW CONFERENCE - TULALIP RESORT - March 7th -10th
 Save \$ 15 by registering online at www.lsav.org



NAME: _____ EMPLOYER: _____ MAILING ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____ PHONE: (_____) _____ EMAIL: _____	SPOUSE NAME: (if accompanying) _____ _____
<i>Registration acknowledgement will be via e-mail only.</i>	

WARNING: Add \$50 to the conference rates below for walk-ins.

CONFERENCE REGISTRATION:

E-mail any questions LSAWconfreg@gmail.com

	By February 4th		After February 4th		TOTALS
	Member	Non-Member	Member	Non-Member	
Full Registration <small>Includes all sessions and exhibits.</small>	\$390	\$565	\$490	\$665	\$ _____
Full-Time Student @ _____ <small>Name of school</small>	\$165	<small>Must attach a copy of current student ID</small>	\$215		\$ _____
1-Day Attendance <small>Wed. Thurs. Fri. Sat.</small> <small>Circle <u>one</u> day only.</small>	\$265	\$365	\$315	\$415	\$ _____

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SPECIAL EVENT & MEAL TICKETS:

Meal tickets are NOT included with your registration above. Please purchase meals below for yourself and your spouse, if accompanying.

Thursday Lunch	Box Lunch with the exhibitors	No. of tickets _____ x	\$ 12 each	\$ _____
Thursday Night	WSS - ACSM Annual Dinner w/ guest speaker <small>(ACSM membership not required.)</small>	No. of tickets _____ x	\$ 45 each	\$ _____
Friday Morning	LSAW Historical Society Annual Breakfast <small>(Society membership not required.)</small>	No. of tickets _____ x	\$ 20 each	\$ _____
Friday Lunch	LSAW Awards Lunch	No. of tickets _____ x	\$ 25 each	\$ _____
	<small>OR</small> Box Lunch with the exhibitors	No. of tickets _____ x	\$ 12 each	\$ _____
Friday Night	LSAW Awards Banquet with Bill Radke	No. of tickets _____ x	\$ 45 each	\$ _____
Saturday Morning	Past-State Presidents Breakfast <small>(Complimentary for past-State Presidents. Simply write-in "COMP")</small>	No. of tickets _____ x	\$ 20 each	\$ _____

If paying by government purchase order or credit card , fax this form to: (425) 263-9355	
Government P.O. No. _____	<small>Please attach a copy of the P.O.</small>
Credit Card No. _____	<small>Mastercard or Visa only</small>
Card Exp. Date: _____	V-Code _____ <small>(3-digit code on back)</small>
Printed Name: _____	
Billing Address: _____	
<small>Only if different than registration address above.</small>	
Signature: _____	
<small>Amount charged will be your TOTAL above.</small>	

TOTAL

Registration Fee and Meal Tickets

\$ _____

Paying by check? Make check out to "LSAW" & mail with this form to: PO Box 2484, Everett, WA 98213
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Cancellation Policy: Cancellations must be in writing and received by us before February 18th, 2012 for a full refund less \$25. No refunds after February 18th, but substitutions gladly accepted.

Conference Lodging Rate Available
 The special conference lodging rate is only guaranteed with the Tulalip Resort until February 8th, 2012. Call Tulalip Resort at 866-716-7162 and mention LSAW to make your reservation.

To opt-out of the conference attendees list, check here.