



Organization \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

REGISTRATION FEES	DELEGATE INFO					REGISTER BY JANUARY 12					TICKETED EVENTS			REFUND DISCLAIMER:	
<p>Mail-in, and Online Registration are available through January 12.</p> <p>Web: westernfairs.org</p> <p>Fax: (916) 927-6397</p> <p>Mail: WFA Convention 1776 Tribute Road, Suite 210 Sacramento, CA 95815</p>														<p>Registration refund requests must be sent in writing by email, mail or email to the WFA President &amp; CEO.</p> <p>Receive a 100% refund when the request is received by December 26, a 50% refund when the request is received by January 12, or a 20% refund after January 12. All refunds incur a \$50 processing fee. No refunds will be issued for individual event tickets. All refund requests must include the name and address of the person registered and to whom the refund should be sent. If no information is provided, the refund will be made out to the registered organization.</p>	
NAME ON BADGE															
<p>Please print name as it should appear on your badge.</p> <p>Spouse/Guest registration is available only for those not working in the fair industry.</p> <p>Registration is free for children under 16 years of age.</p>	First Time Attendee	Fair CEO/Fair Staff	Fair Director	Service Member	Non-Member	Member Registration	Director Registration	Guest Registration (not working in the industry, 1 per delegate)	Child under 16 years old	Non-Member Registration	Add \$50 per registration after January 12	WFA Bowling Tournament (Sun. 8-11pm)	Industry Awards Dinner (Wed. 6-8pm)		Industry Awards Dinner Table for 10 (Wed. 6-8pm)
						\$375	\$300	\$250	FREE	\$575	\$50	\$50	\$115		\$1,150
														<b>DELEGATE TOTAL</b>	
														<b>GRAND TOTAL</b>	
														\$	

**FORM OF PAYMENT**

Indicate the total amount and send check or credit card information to WFA (Registration Fees + Ticketed Events = Total Amount Due)

Total Amount Enclosed \$ \_\_\_\_\_  Check  Credit Card Visa/AMEX/Mastercard/Discover

Name on Credit Card \_\_\_\_\_ Credit Card Type \_\_\_\_\_

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ CVC \_\_\_\_\_

Billing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_