AMPLIFY
WESTERN FAIRS ASSOCIATION
CONVENTION & TRADE SHOW
SOUTH POINT CASINO | LAS VEGAS, NEVADA

REGISTRATION

January 31 – February 3, 2027

Organization _____

Phone _____ Email _____

Address _____ City _____ State _____ Zip _____

REGISTRATION FEES

Mail-in Registration is available through January 24

WEB westernfairs.org

MAIL WFA Convention
1776 Tribute Road, Suite 210
Sacramento, CA 95815

REFUND DISCLAIMER

Registration refund requests must be sent in writing by email to the WFA President & CEO at WFA@fairsnet.org. Receive a 100% refund when the request is received by December 26, a 50% refund when the request is received by January 24, or a 20% refund after January 24. 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.

BADGE INFORMATION

Please print name as it should appear on your badge.

Spouse/Guest registration is available only for those not working in the fair industry.

Registration is free for children under 16 years of age.

DELEGATE NAME	DELEGATE INFO						REGISTER BY JANUARY 24						TICKETED EVENTS				DELEGATE TOTAL
	Fair CEO/Fair Staff	Fair Board Member/Director	Service Member	Non-Member	First Time Attendee	Under 40 Years old	$ 395 Member Registration	$ 295 Fair Board/Director Registration	$ 245 Guest Registration (not working in the industry, max 1)	FREE Child under 16 years old	$ 595 Non-Member Registration	+ $ 50 per registration after January 24	$ 85 Industry Awards Dinner (Wed. 6-8pm)	$ 875 Industry Awards Dinner Table for 10 (Wed. 6-8pm)	$ 50 WFA Bowling Tournament (Sun. 8-11pm)	Free - South Point Venue Tour	

GRAND TOTAL $ _____

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 _____