

2019 LSAW CONFERENCE - TULALIP RESORT - FEB. 27th - MAR. 1st

FULL NAME (LAST/FIRST/MI)	FIRST NAME or NICKNAME (as you wish it to appear on your badge)	
Is your mailing address your: <input type="checkbox"/> BUSINESS <input type="checkbox"/> RESIDENCE		
COMPANY		
ADDRESS		
CITY	STATE	ZIP
PHONE	EMAIL (HANDOUTS WILL BE EMAILED TO THIS ADDRESS)	

CONFERENCE REGISTRATION

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

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

	BY JANUARY 29TH		AFTER JANUARY 29TH		TOTALS
	Member	Non-Member	Member	Non-Member	
FULL REGISTRATION <small>Includes all sessions, exhibits, & welcome event.</small>	\$400	\$565	\$500	\$665	\$ _____
PLS TEST TRACK <small>LSIT Required. Limited seating. First 30 registrants.</small>	\$300	\$375	\$400	\$475	\$ _____
ONE DAY REGISTRATION <small>Mark One: <input type="checkbox"/> Wed. <input type="checkbox"/> Thurs. <input type="checkbox"/> Fri.</small>	\$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 \$20 each	\$ _____
THURSDAY BUFFET LUNCH WITH EXHIBITORS	Number of Tickets _____	X \$20 each	\$ _____
THURSDAY NIGHT AWARDS BANQUET	Number of Tickets _____	X \$45 each	\$ _____
FRIDAY PAST-STATE PRESIDENT'S BREAKFAST <small>Purchase in advance required. Past Presidents will be refunded upon attendance.</small>	Number of Tickets _____	X \$20 each	\$ _____
FRIDAY BUFFET LUNCH WITH EXHIBITORS	Number of Tickets _____	X \$20 each	\$ _____
FRIDAY NIGHT SOCIAL EVENT - TBD <small>Join us for a Conference wind-down social event. Location to be determined. Your RSVP will help us plan the event.</small>	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 January 29th. Substitutions welcome - additional fees may apply. Contact the conference office at : (888) 994-2845 for more information.

HOTEL INFORMATION:
The Tulalip Resort ~ Room Rate: \$159 (book by January 29th)
Reservations: 888-272-1111