



**Power of Purpose**



**LeadingAge Washington's 66th  
Annual Meeting & Conference**

June (12) 13-15, 2017\* Golf Tournament June 12

REGISTRATION **FORM**

Please duplicate this form for each person attending

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email (email required for confirmation): \_\_\_\_\_

**To assist with meal counts, please indicate the functions you plan to attend:**

Tues. June 13th  Breakfast  Lunch  Fun Night

Wed. June 14th  Breakfast  Lunch  Receptions

Thur. June 15th  Breakfast  Lunch

**I PLAN TO HAVE ALL MEALS** (To request "Guest" meal tickets, contact Cassi!)

Dietary Requests or Needs: \_\_\_\_\_

**Registration Fees** includes sessions, meals, receptions and DSHS credits. Please mark appropriate boxes.

Full Registration	Through May 29th	***10% Discount	After May 29th/Onsite
<input type="checkbox"/> Member (M)	\$565.00	\$508.00	\$665.00
<input type="checkbox"/> Non-Member (NM)	\$665.00	\$599.00	\$765.00
<input type="checkbox"/> Resident, Board Member & Administrator Emeritus	\$275.00	\$247.00	\$325.00

**Partial Registration** Check appropriate date and circle (M - Member) fee that applies.

<input type="checkbox"/> Tuesday, June 13th	\$285.00 M	\$256.00 M	\$325.00 M
<input type="checkbox"/> Wednesday, June 14th	\$285.00 M	\$247.00 M	\$325.00 M
<input type="checkbox"/> Thursday, June 15th	\$195.00 M	\$166.00 M	\$235.00 M

Contact our office for NM partial reg. fees

**Optional Events**

- Golf, Mon. June 12th \$115.00 includes fees, lunch, cart, range balls and Awards BBQ at the Skamania Lodge Golf Resort
- Wine Tour, June 12th \$55.00 trip begins at Skamania Lodge with three stops through the Heart of the Columbia River Wine Country

**TOTAL AMOUNT DUE: \$** \_\_\_\_\_ \*\*With 1 full registration, receive the 10% DISCOUNT for each addl. registrant.

**Payment Methods** (Print Clearly)  **Credit Card**  **Check Attached**  **Please Invoice**

Name on CC \_\_\_\_\_ CC# \_\_\_\_\_

Credit Card Full Billing Address: \_\_\_\_\_

Exp. Date \_\_\_\_\_ CCV # \_\_\_\_\_ Signature \_\_\_\_\_

**Return to: LeadingAge Washington, 1495 Wilmington Drive, Ste 340, DuPont, WA 98327**

**Fax: (253) 964-8876 Scan/Email: [cmeritt@LeadingAgeWA.org](mailto:cmeritt@LeadingAgeWA.org)**

\$75.00 Cancellation fee after May 29th - No Show - No Refund \*Replacements Welcome