

2010 OWAA CONFERENCE REGISTRATION FORM

ROCHESTER, MINNESOTA – JUNE 10-13, 2010

FOR INDIVIDUAL MEMBERS, PARTNERS/SPOUSES AND GUESTS

Attendee Name: _____ Name as it should appear on badge: _____

Address: _____ City, State Zip: _____

Phone: _____ E-mail Address: _____



Please Check All That Apply: ___ Member* ___ Partner/Spouse ___ Guest ___ Non-member

***Please Indicate Membership Status:** ___ Active/Senior ___ Associate/Senior ___ Student

If also registering for a Partner/Spouse or additional Guest, list name as it should appear on badge:

Name: _____ E-mail: _____

Criteria to register and attend:

-  **Non-members** may attend conference with headquarters' permission. A surcharge equal to active member annual dues and initiation fee is included in full registration for non-members. The surcharge will be applied to membership if the registrant joins OWAA by August 31, 2010.
-  **Partners/Spouses/Guests** must register and pay fees to participate in conference activities. Guests must be 18 or older.

Categories & Fees per Person	Early Bird! Until May 10	May 11 – May 24	May 25 – June 10
Member/Partner/Spouse/Guest (Full)	\$190	\$225	\$250
Member/Partner/Spouse/Guest (Single Day)	\$75/day	\$85/day	\$95/day
Nonmember (Full)	\$390	\$425	\$450
Nonmember (Single Day)	\$125/day	\$135/day	\$145/day

Indicate Days Attending: ___ Thurs, June 10 ___ Fri, June 11 ___ Sat, June 12 ___ Sun, June 13

Meals (for planning purposes, please indicate which meals you wish to participate in, and how many will attend)

___ Thursday Dinner

___ Friday Breakfast

___ Friday Lunch

___ Friday Dinner

___ Saturday Breakfast

___ Saturday Lunch

___ Sunday Breakfast

___ Sunday Lunch

___ Sunday EIC & Awards Banquet

Please indicate any dietary restrictions. We will make every effort to accommodate your needs.

___ Vegetarian

___ Kosher

___ Other: _____

Please be sure to complete both sides of this form.

Questions?

Call: 406-728-7434

E-mail: rginer@owaa.org

Visit: www.owaa.org

Please calculate your fees and return completed form to OWAA

Type	Number	Fee	Total
Member/Partner/Spouse/Guest (Full)		See Chart: \$190 / \$225 / \$250	\$
Member/Partner/Spouse/Guest (Single Day)		See Chart: \$75 / \$85 / \$95	\$
Nonmember (Full)		See Chart: \$390 / \$425 / \$450	\$
Nonmember (Single Day)		See Chart: \$125 / \$135 / \$145	\$
Conference Attendee Mailing List (available after June 2, 2010)		\$60	\$
TOTAL ENCLOSED:			\$

Please check all that apply

- | | |
|---|--|
| <input type="checkbox"/> Rochester is my first OWAA conference. | <input type="checkbox"/> Send details about Partner/Spouse Activities. |
| <input type="checkbox"/> I would like a mentor for conference. | <input type="checkbox"/> Send me a donor form for the Auction. |
| <input type="checkbox"/> Send details about pre- and post-conference trips. | <input type="checkbox"/> Send me information about joining OWAA. |

<p>Make checks payable to OWAA, and send to:</p> <p>OWAA Conference Services 121 Hickory Street, Suite 1 Missoula, MT 59801 Fax: 406-728-7445 (Tax ID #43-0794723)</p>	<p>Or charge to: <input type="checkbox"/> Visa <input type="checkbox"/> American Express <input type="checkbox"/> Master Card <input type="checkbox"/> Discover</p> <p>** Please note a \$2 convenience fee charged for all credit card transactions</p> <p>Name on Card: _____</p> <p>Card Number: _____</p> <p>Exp. Date: _____ Security Code: _____</p> <p>Authorized Signature: _____</p>
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Refund Policy:	
Registration fees are fully refundable if canceled prior to May 24, 2010.	Refunds will not be issued for no-shows.
Cancellations after May 24 are subject to a \$20 surcharge.	Send cancellations by e-mail to: rginer@owaa.org, or fax to 406-728-7445.
Single day registrations are nonrefundable after May 24.	

For updated information, visit our Web site:
[http:// www.owaa.org/2010conference/welcome](http://www.owaa.org/2010conference/welcome)

See you in Rochester!

Please be sure to complete both sides of this form.