



**2023 WMA Convention & Expo**  
**The Peppermill Reno**  
**October 23 –26, 2023**

**Registration Information**

**Please register only TWO people per form.**

Duplicate this form if you have more registrants. Fees include admittance for one person to a Kick Off lunch, Welcome Reception/Expo Opening with wine tasting and dinner buffet, breakfast in the Expo, Annual Meeting & Luncheon, President's Dinner Dance, cocktail receptions in the Expo, and the final breakfast, seminars, educational materials, and exhibit activities.

**Cancellations**

For a full refund, cancellations must be received on or before September 15, 2023; an 85% refund for cancellations received September 16 through September 25, 2023. No refunds for no-shows, cancellations or event tickets on or after September 26, 2023. Call Regina Sánchez immediately for cancellations at 916.448.7002.

**Hotel Reservations**

Make your hotel reservations directly with the Peppermill by calling 866.821.9996 (use code AWMHC23) or going online to [wma.org/Conv2023](http://wma.org/Conv2023) and follow the link for online guest room reservations. Reservations received after September 16th will be accepted on a space-and-rate-availability basis. See "Hotel Guestroom Reservations" regarding scam alert as part of this packet.

**Special Needs**

- I require special dietary meals — please understand we have limitations with large groups.
- I require special meeting/event space accommodations in order to fully participate. Regina will contact you by phone or email.

**Travel**

WMA was unable to secure an agreement for discounted air fares. We suggest that you try to book your flights in advance so that you can enjoy discounted rates with airlines such as Southwest Airlines at [southwest.com](http://southwest.com) or 800.435.9792. WMA has negotiated special meeting rates with Hertz for car rentals during Convention at all California and Nevada locations. Contact Hertz at [hertz.com](http://hertz.com) or 800.654.3131 and refer to CDP 2133824.

Badge Name	Badge City	Attendee Email Address
Badge Name	Badge City	Attendee Email Address
Community/Firm Name (as it is to appear on badge)		Member ID#
Attendee Address for Confirmation		
City, State, ZIP		
Daytime Telephone Number		Fax Number

**REGISTRATION TYPE – CHECK ONE:**

- Member - Owner     Non-Member
- Member - Manager     Allied Association
- Member - S&I     Exhibitors use Booth Personnel Forms

**RIBBON CODE (Check all that apply):**

- Board Member     Committee Member
- Chapter President     Speaker
- Committee Chair     I donate to WMA's Foundation

**EXPO REGISTRATION FEES**

(Fees listed below are per person rates)

	BEFORE SEPT 15	ON or AFTER SEPT 16		
Member	\$495 pp	\$550 pp	x _____ (total registrants)	= \$ _____
Non-Member	\$990 pp	\$1,100 pp	x _____ (total registrants)	= \$ _____
<b>Total Convention &amp; Expo Registrations Due</b>				<b>(A) \$ _____</b>

**Benefits for the Frank J. Evans Foundation**

**Golf • Monday, October 23, 2023 • 11:00 a.m. Shot Gun Start**

All fees listed are per person and due by September 11. Space is limited.

Golf Tournament \$275 per person x \_\_\_\_\_ (total participants) = \$ \_\_\_\_\_

Golf Tournament \$1,000 per foursome = \$ \_\_\_\_\_

**Please note: All players must be registered for the WMA Convention & Expo**

I am part of a foursome paid by \_\_\_\_\_     I will use the shuttle service

Pairings: \_\_\_\_\_

**Total Golf Due** (B) \$ \_\_\_\_\_

**Cash Drawing Donation**

Yes, I wish to donate:  \$100     \$250     \$500 toward the "seed money" for the cash drawing!  
 (This is not a ticket for the drawing.) \$ \_\_\_\_\_

**Total Cash Donation** (C) \$ \_\_\_\_\_

**GRAND TOTAL DUE** (A + B + C) \$ \_\_\_\_\_

**Networking No-Host Cocktail Reception • Monday, October 23, 2023 • 5:00 p.m.**

Yes, I/we plan to attend the networking event. Total number of people attending: \_\_\_\_\_

Check enclosed (make payable to WMA) or charge to  VISA     MasterCard     AMEX     Discover

Cardholder's Name \_\_\_\_\_ Sec Code \_\_\_\_\_

Account # \_\_\_\_\_ Expires \_\_\_\_\_

Billing Address \_\_\_\_\_

City/State \_\_\_\_\_ ZIP \_\_\_\_\_

Signature \_\_\_\_\_ Email\* \_\_\_\_\_

(\*Providing your email address guarantees you an immediate receipt of your charges.)

**Go ONLINE to [wma.org/conv2023](http://wma.org/conv2023)**  
**MAIL OR FAX**  
**this completed form with payment to:**

**WMA**  
**455 Capitol Mall, Suite 800**  
**Sacramento, CA 95814**  
**fax 916.448.7085 | phone 916.448.7002**

**DO NOT EMAIL this form with payment information to WMA as the email server is not secure.**