



2017 Washington Asphalt Conference

Tuesday November 14th (Seattle @ Southcenter)

Wednesday November 15th (Spokane, WA)

Registration Fee: \$190.00 per attendee

Includes breakfast, box lunch, break, refreshments and all seminar materials

Date and Locations (please indicate your location choice by marking the appropriate box)

11/14/2017 DoubleTree Suites - 16500 Southcenter Parkway, Seattle, WA 98188
www.seattle.doubletree.com

11/15/2017 Hotel RL Spokane at the Park - 303 W. North River Drive Spokane, WA 99201
www.hotel-rl.com

	First Name	Last Name	Organization	Employee # (if needed)	E-mail
1					
2					
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5					
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7					
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9					

Organization	
Mailing Address	
City, State & Zip Code	
Invoice Contact Person	
Phone No. & E-Mail	
PO # (if needed for billing)	

Completed registrations can be E-mailed to: April.Tinnin@AsphaltWA.com or Faxed to: (425) 970-3178

Please Note: The last day to cancel a registration is Nov. 3rd, 2017. After 11/03/2017, you will be invoiced at full conference costs for all confirmed registrations.

Send Payment to: Washington Asphalt Pavement Association
451 SW 10th Street Suite 110A
Renton WA 98057
Federal ID # 91-0617279

*Payment by check or by credit card is accepted. Please make checks payable to WA Asphalt Pavement Assoc.
Call April to pay with your credit card by phone at (425) 207-8814 or submit the attached
Credit Card Authorization Form along with your registration form.*

For Questions - Please e-mail: Dave.Gent@AsphaltWA.com or April.Tinnin@AsphaltWA.com or call (253) 261-4486

Washington Asphalt Pavement Association (WAPA)

2017 Washington Asphalt Conferences

Tuesday, November 14th (Seattle @ Southcenter) & Wednesday, November 15th (Spokane)

\$190.00 per attendee (to be submitted with the separate registration form provided)

CREDIT CARD AUTHORIZATION FORM

I authorize the Washington Asphalt Pavement Association (WAPA) to process a charge in the amount of \$_____ to the following credit card as follows:

Credit Card Type: (Visa, MC, AMEX) _____

Credit Card Number: _____

Authorized User's Name
as it appears on the credit card: _____

Card expiration date: (MO/YR) _____ / _____

Card Security Code: _____ (3 digit number on back of Visa/ MC, 4 digit number on front of AMEX)

Email Credit Card Authorization Form and Registration Form (page 2) to:
April.Tinnin@AsphaltWA.com or fax to WAPA at (425) 970-3178.

Note: WAPA does not retain credit card information. This form will be destroyed once the information is entered into our invoice payment system for the specific payment authorized above and cannot be used again without a new authorization form.