

30th Annual (2018) WAPA/WSDOT Joint Training Conferences

Three Dates/ Locations to choose from

Registration Fee: \$150.⁰⁰ per attendee - Includes light breakfast, lunch, refreshments and seminar materials

Date (choose one)	Locations
2/27/2018	Big Bend Community College, 7662 Chanute Street NE, Moses Lake WA 98837 - (509) 793-2222
2/28/2018	Great Wolf Lodge, 20500 Old Highway 99 SW, Centralia WA 98531 - (360) 273-7718
3/1/2018	Embassy Suites Lynnwood, 20610 44th Ave. West, Lynnwood WA 98036 - (425) 775-2500

First Name	Last Name	Organization	Employee # (if needed)	E-mail
Organization				
Street Address, City, State & Zip				
Contact Person/ Title				
Phone Number & Contact E-Mail				
PO # if needed for Invoice reference				
Registrations can be E-mailed or Faxed to:		April.Tinnin@AsphaltWA.com or Fax to: (425) 970-3178		

Note: The last day to cancel a registration is February 19th, 2018. After that date you will be invoiced for submitted registrations.

Conference invoices will be sent to the Contact Person listed above. Invoices can be paid by check or credit card upon receipt of the WAPA invoice. Send payment to:

Washington Asphalt Pavement Association
451 SW 10th St. Suite 110A
Renton WA 98057-2925

Immediate payment by credit card can be processed, if preferred, by returning the Credit Card Authorization Page (attached).

For workshop questions - Please e-mail: Dave.Gent@AsphaltWA.com or call (253) 261-4486

For registration questions – Please e-mail: April.Tinnin@AsphaltWA.com or call (425) 207-8814 (Tuesday – Thursday)



30th (2018) WSDOT/ WAPA Joint Training Conferences

February 27th (Moses Lake), February 28th (Centralia) & March 1st (Lynnwood)

\$150.00 per non-WSDOT attendee (to be submitted with the separate registration form provided above)

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)

Signature of Authorized Card User: _____

Email Credit Card Authorization Form and Registration Form (page 1) 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.*