

Full Name:	(Nickname - for name badge):			
Company:				
Business Address:				
City:	State/Province:		Zip/Postal Code:	
Country:	Telephone:	Fa	x:	
Email:		······································		
send more than three delegate	ogram is \$675 per member delegate; \$8 es, the fee for additional delegates is \$5 \$575. This offer is only valid for WF&F\$	75. In other of the second of	words, the first three delegates pa	
			OTAL ENCLOSED	
	Refunds: Cancellation and refund r rocessing fee. No refunds will be iss			July 22,
PAYMENT METHOD Checks further information will be emai	must be in U.S. funds payable to: ed.	WF&FSA.	Registration confirmation/rec	eipt and
Please check appropriate bo	x: · Check · Discover · VISA · M	lasterCard		
Card#:			_ Expiration Date	
Sec. Code: Bil	ling Address & Zip			
Signature				
Please mail or fax completed regist Phone: (410-940-6346 FAX: (410)-263-1659	ration form with payment to:		A Jacob Hancock Stern Ave. Suite 104	

Annapolis, MD, 21403

Email:

jhancock@wffsa.org