



**WATAI**  
**2009 FALL CONFERENCE**  
**REGISTRATION FORM**

Name:

Agency/Company Name:

Address:

Phone #

E-mail:

Check/Purchase Order number:

**PAYMENT OPTION:**

- WATAI or FARO Member – Before September 26<sup>th</sup> (\$65.00) – MEMBERSHIP WILL BE CONFIRMED  
 WATAI or FARO Member – After September 26<sup>th</sup> (\$85.00)  
 Non-Member (\$100.00)

I understand that I agree to any and all board members associated with WATAI, Collision Safety Institute, Wild Waves/Enchanted Village Theme Park and all involved individuals in any and all claims arising from the activities that occur during the WATAI Fall Conference held on October 26<sup>th</sup>. I agree to waive any and all claims against the above named entities.

**REFUND POLICY**

1. Full refunds will be given if **WRITTEN** notice is sent and confirmed 30 DAYS PRIOR to the start of the conference.
2. Partial (50%) refunds will be given if **WRITTEN** notice is sent and confirmed 29 DAYS AND UP TO A WEEK PRIOR TO THE CONFERENCE.
3. NO REFUNDS WILL BE GIVEN FROM ONE WEEK PRIOR TO THE CONFERENCE (October 19<sup>th</sup>, 2009).

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Send payment to:

WATAI

PO Box 70211

Bellevue, WA 98005

Attn: Fall Conference