



WITA EVENT REGISTRATION FORM

Please fax completed form to : 202-312-1601

Event title _____ Event Date _____

Registration Date _____

Attendee Name _____

Company _____

E-mail _____ **Phone Number** _____

Payment

VISA MC Amex Discover

Amount _____

Credit Card no. _____ Exp. Date _____

Please note: To cover costs, cancellations not received 48 hours prior to an event will be billed

Staff only:

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WITA Membership: _____ Yes! I would like to join WITA, Washington's premier trade network!
Please charge me for the above event **and** my annual membership investment as indicated:
(please cross one)

- US government employees, full time students, or in career transition: **\$40**
 All other Individuals: **\$100**
 Executive Level group membership (includes 5 free passes to WITA events): **\$300**

WITA 1300 Pennsylvania Avenue, NW Suite 350 Washington, DC 20004
(202) 312-1600 Fax: (202) 312-1601 wita@wita.org www.wita.org