

*Southwest Subchapter 56th Annual Winter Institute
March 07, 2020
Registration Form*

Full Name: _____
 First *Last*

Phone Number: (____) _____

Email Address: _____

Registration options:

- Member - \$30/person*
- Non-Member - \$40/person*
- Retiree - \$25/person*

Payment options:

- My agency will be paying my registration.*
- I have included my payment with this registration.*

Total Amount of Registration: \$_____

**Please send checks to: [IAWP SW Sub-Chapter PO Box 4422 | Tumwater, WA 98501](#)
(Please make check payable to "SOUTHWEST WA IAWP.")**