



ONSITE REGISTRATION

2019 WEASC Operator Conference

Wonder Works Tickets

Friday, November 1, 2019

PLEASE TYPE or PRINT LEGIBLY

NAME: _____

COMPANY: _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____ PHONE: _____ MEMBER # _____

EMAIL: _____

Registered Attendees must buy a ticket.

Adults WonderWorks Ticket (13 and over) _____ x \$20 = _____

Children WonderWorks Ticket (4-12) _____ x \$10 = _____

Children WonderWorks Ticket (3 and under) _____ X FREE

No names needed. **Total:** _____

Make checks payable to: WEASC (Federal Tax ID: 57-0725845) or provide credit card info below:

Visa Master Card Discover American Express Check# _____

Please print legibly

Credit Card _____

Expiration Date: _____ CVV Code: _____

Billing Address: _____
Street City St Zip

I authorize WEASC to charge my credit card for registration fees as indicated.

Signature _____ Amount \$ _____

Email Address for receipt _____