



ALL INCLUSIVE Attendee Registration Form
 Inspire 2011, September 7-10, 2011,
 Louisville, Kentucky. Galt House Hotel

*******EARLY BIRD REGISTRATION EXTENDED BY TWO WEEKS TO APRIL 1, 2011*******

Instructions: Please complete all portions of this form, sign and return along with your deposit to:

WCAA, 11230 Gold Express Drive, Suite 310-149, Gold River, CA 95670.

Email: inspire2011@wcaa.org Fax: 888 496 0272

Attending Company Information

Company Name	
Attendee Name	
Company Mailing Address	
Name to be shown on Badge	
Contact email address	
Contact phone number	
Contact fax number	
Company website address	

Occupancy Type (check only one)

<input type="checkbox"/> Single Occupancy	<input type="checkbox"/> Double Occupancy
	Roommate Name and WCAA member number (if applicable)

INSPIRE 2011 conference fee includes the following. All prices are per person and based either on single or double occupancy as indicated above.

- ✓ Accommodation September 7, 8 and 9 in a 720 sq foot one bedroom suite at the [Galt House Hotel](#)
- ✓ Welcome reception Wednesday night
- ✓ Meals including 3 breakfasts and 3 lunches
- ✓ One ticket to the keynote speaker luncheon on Thursday September 8, with special guest Sarah Richardson host and co-producer of *Design Inc* and *Sarah's House*, as seen on HGTV
- ✓ One ticket to the WCAA 25th anniversary dinner and gala ball on Friday September 9.
- ✓ Unlimited entry to the exhibition hall when open
- ✓ Wireless Internet access in your room and in all meeting rooms

Purchase Agreement: By signing this form, I agree to make payments as indicated towards my attendance at INSPIRE 2011, being held September 7-10 at the Galt House Hotel in Louisville Kentucky.

Photo Release: I agree and understand that any and all images and / or video pictures of me that may be taken at the event may be used for publicity purposes, in print or in any other form, by the WCAA and that I will not receive any financial compensation for such images or pictures.

Accident Waiver and Release of Liability: I agree and understand that I assume all of the risks of participating and / or volunteering in this activity or event. I agree to hold harmless the WCAA staff and Board of Directors for any risk or injury that may arise or result from my attendance at INSPIRE 2011.

Authorized signer _____ Date _____

Printed Name of Authorized signer _____

CANCELLATION POLICY: Space is reserved in your name when you submit this form with your down payment. Attendees who wish to cancel part or all of the space reserved must do so in writing and will be subject to cancellation fees as follows: **March 15 – April 15, 2011 – 0%. April 16 – June 15, 2011 – \$150 applied to 2012 WCAA member dues, balance forfeit. After June 15, 2011 – 100% forfeit**

Understood and agreed _____ initials

WCAA USE ONLY

_____ Room reserved _____ Member verified (Y/N) _____ Additional Services purchased
 _____ Date Deposit paid _____ Installment 1 _____ Installment 2 _____ Installment 3 _____ Paid in full date



ALL INCLUSIVE Attendee Registration Form
 Inspire 2011, September 7-10, 2011,
 Louisville, Kentucky. Galt House Hotel

Calculate your cost to attend

Please tell us about who will attend with you. Roommates must submit their forms together and pay at the appropriate rates for member or non member.

**MEMBER ATTENDEE CALCULATION
 ALL INCLUSIVE OPTION**

Member Name _____
 WCAA Member # _____

1a) Single Occupancy conference fee \$999 \$ _____
\$50 Early Bird Discount if paid IN FULL by APRIL 1, 2011 \$ _____

1b) Double Occupancy conference fee \$899 \$ _____
\$50 Early Bird Discount if paid IN FULL by APRIL 1, 2011 \$ _____

Roommates Name & WCAA Member # _____

2) I am bringing _____ employees of my company. I have provided a business card or pay stub proving that This person is my employee. Add \$949.00 per employee.
Early bird discount does not apply to special employee pricing
 # of employees ___ x 949= \$ _____

Employee Name(s) _____

TOTAL DUE \$ _____

How would you like to pay?

_____ I wish to pay in full **BEFORE** APRIL 1, 2011 and my check or credit card information is enclosed

_____ I wish to pay in full **AFTER** APRIL 1, 2011 and my check or credit card information is enclosed

_____ I wish to take advantage of the payment plan. I agree to pay the down payment of \$249 (per person) by April 1, 2011, followed by 3 equal payments (per person) of \$259 single occupancy or \$225 double occupancy each due on April 15, 2011, June 15, 2011 and August 15, 2011. This payment plan includes a convenience fee. I understand and have initialed the cancellation policy outlined on page 1 of this form.

Credit Card Information

_____ Visa _____ MasterCard _____ American Express _____ check enclosed

Credit card # _____

Expiry Date _____ Security Code _____

Signature _____

**NON MEMBER ATTENDEE CALCULATION
 ALL INCLUSIVE OPTION**

Non Member Name _____

Single Occupancy conference fee \$1199 \$ _____
\$50 Early Bird Discount if paid IN FULL by APRIL 1, 2011 \$ _____

Double Occupancy conference fee \$1099 \$ _____
\$50 Early Bird Discount if paid IN FULL by APRIL 1, 2011 \$ _____

Roommates Name & WCAA Member # _____

2) I am bringing _____ employees of my company. I have provided a business card or pay stub proving that This person is my employee. Add \$1149.00 per employee. Early bird discount does not apply to special employee pricing
 # of employees ___ x 1149= \$ _____

Employee Name(s) _____

TOTAL DUE \$ _____

How would you like to pay?

_____ I wish to pay in full **BEFORE** APRIL 1, 2011 and my check or credit card information is enclosed

_____ I wish to pay in full **AFTER** APRIL 1, 2011 and my check or credit card information is enclosed

_____ I wish to take advantage of the payment plan. I agree to pay the down payment of \$249 (per person) by April 1, 2011, followed by 3 equal payments (per person) of \$325 single occupancy or \$292 double occupancy each due on April 15, 2011, June 15, 2011 and August 15, 2011. This payment plan includes a convenience fee. I understand and have initialed the cancellation policy outlined on page 1 of this form.

Credit Card Information

_____ Visa _____ MasterCard _____ American Express _____ check enclosed

Credit card # _____

Expiry Date _____ Security Code _____

Signature _____

WCAA USE ONLY

_____ Room reserved _____ Member verified (Y/N) _____ Additional Services purchased
 _____ Date Deposit paid _____ Installment 1 _____ Installment 2 _____ Installment 3 _____ Paid in full date