



2008 WASHINGTON STATE DEMOCRATIC CONVENTION

Spokane Convention Center
334 West Spokane Falls Boulevard | Spokane, Washington 99201
June 13-15, 2008

REGISTRATION FORM

**One
REGISTRATION FORM
per attendee**

Please return form to:
Washington State Democrats | Attn: State Convention | PO Box 4027 | Seattle, WA 98194
Or fax it to: (206) 583-0301

Each Delegate, Alternate, and Guest must complete this form

Delegate Alternate Guest

First Name _____ Last Name _____ MI _____
CD _____ LD _____ County _____ Date of Birth ____/____/____ Gender M F
Email _____
Home Phone _____ Cell Phone _____
Address _____
City _____ State _____ Zip _____

To attend the Convention you can purchase an:
Individual Package, Individual Event Ticket(s),
or a combination of an Individual Package plus Individual Event Tickets
(See *REGISTRATION INFORMATION* for more details)

*INDIVIDUAL PACKAGES

Please mark your individual package choice

- Package A - \$300
- Package B - \$175
- Package C - \$60
- Package D - \$50

* See *REGISTRATION INFORMATION* for package details

INDIVIDUAL EVENT TICKETS

Please mark your event ticket choice(s)

- Convention Gala Banquet - June 13th - \$70
- Congressional Breakfast - June 14th - \$20
- Bag Lunch - June 14th - \$10
- *National Delegate Breakfast - June 15th - \$20

*The **National Delegate Breakfast** is not included in any of the packages

MEAL CHOICES (if applicable):

- Convention Gala Banquet - June 13th Chicken Pork Loin Vegetarian
Congressional Breakfast - June 14th Meat Vegetarian
Bag Lunch - June 14th Meat Vegetarian
National Delegate Breakfast - June 15th Meat Vegetarian

Individual Package	\$ _____
+	
Individual Event Ticket(s)	\$ _____
=	
Individual TOTAL	\$ _____

See other side to complete *REGISTRATION FORM*

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REGISTRATION FORM Continued

GROUP REGISTRATION (if applicable):

(A) If you are purchasing Individual Packages and/or Individual Event Tickets for others, please staple their completed (front and back) REGISTRATION FORM to this form and list their names below. Then continue to PAYMENT:

_____	_____
_____	_____
_____	_____
_____	_____

(B) If somebody else is paying for your Individual Package and/or Individual Event Tickets please list their name below and give them this completed (front and back) form to staple to their REGISTRATION FORM.

Payor Name: _____

PAYMENT (use this section only if you are the payor):

*Total Payment \$ _____

<input type="checkbox"/> Check number _____ or <input type="checkbox"/> Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> American Express Name on card _____ Signature _____ Card Number _____ Exp. Date ____/____

Employer _____

Occupation _____

Employer City/State _____ / _____

***This is your Individual Total plus the Individual Total for all others you are paying for**

Contributions are not tax deductible for federal income tax purposes.

State law requires us to use our best efforts to collect and report the name, mailing address, employer, occupation and employer's city of individuals who make contributions to the WSDCC in excess of \$100 per calendar year.

Paid for by Washington State Democratic Central Committee
615 Second Ave., Seattle, WA 98104 – (206) 583-0664 – www.wa-democrats.org