



DMCMA FALL REGIONAL 2008 REGISTRATION FORM

**PLEASE SEND YOUR REGISTRATION
IN AT LEAST 14 DAYS PRIOR
TO THE TRAINING SESSION
BEING ATTENDED**

This will ensure that we have places and meals ordered for everyone.

REGISTRATION FEE:

\$50 per person: includes beverages and lunch.

Due to meal and room expenses this fee is Non-Refundable

MAKE CHECKS PAYABLE TO:

DMCMA

**Send check with a copy of
the registration form to:**

Bonnie Woodrow, DMCMA Treasurer
c/o Olympia Municipal Court
PO Box 1967
Olympia, WA 98507

REGISTRATION:

Mail, Fax or E-mail to:
Bonnie Woodrow, DMCMA Treasurer
c/o Olympia Municipal Court
PO Box 1967
Olympia, WA 98507
bwoodrow@ci.olympia.wa.us
Fax: 360-753-8775

Total # Staff Registered: _____

Total Registration Due:
Staff Attending x \$50: _____

Your e-mail address or phone #: _____

Please note special dietary restrictions your staff may have on the registration form.

Location of Training

#1 Spokane 09/09	#4 Olympia 09/23
#2 Ephrata 09/10	#5 Marysville 09/25
#3 Pasco 09/11	#6 Gig Harbor 09/26

PLEASE PRINT

Name of Court: _____

Name of Staff Attending & Location #

1. _____

Attending Location # _____

E-mail _____

Note Special Diet: _____

2. _____

Attending Location # _____

E-mail _____

Note Special Diet: _____

3. _____

Attending Location # _____

E-mail _____

Note Special Diet: _____

4. _____

Attending Location #: _____

E-mail _____

Note Special Diet: _____

5. _____

Attending Location #: _____

E-mail _____

Note Special Diet: _____

