

WSA supplier registration

SUPPLIER REGISTRATION FORM

Badge Requests received by **July 12, 2004** will be mailed to you prior to the show. After July 12, badges may be picked up on-site at "Will Call." **You must mail or fax a copy of your business card with this registration form.**

REGISTRATION INFORMATION *(Fields marked with * are required.)*

Full Name:*

Company:*

Address:*

City:*

State/Province:*

Zip Code:*

Country:

Phone:*

Email Address:

Web Site Address:

FEES:

Registration Type: Non-Exhibiting Supplier - \$100

Total Amount Due: \$100

BILLING INFORMATION:

Payment Type: MasterCard Visa American Express Discover

Card Number:*

Expiration Date: (ex: 02/05)

Name as it appears on card:*

Credit Card Billing Address - Same as Above

Billing Address:*

City:*

State/Province:*

Zip Code:*

Country:*

Phone:*

Once you have completed this form, please fax or mail it with a copy of your business card to:
WSA Registration Headquarters, PO Box 52170, Irvine, CA 92619 or Fax: (949) 475-1765