

# WVDSCS

## CONFERENCE REGISTRATION FORM

Agency Name: \_\_\_\_\_

Director Name: \_\_\_\_\_

Conference Attendees - Members (\$175.00 each) \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

*One day attendees must pay full registration fee*

Conference Attendees - Non Members (\$275.00 each) \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Additional Lunch Guest # of guests \_\_\_\_\_ (\$25 each) \_\_\_\_\_

Additional Dinner Guest # of guests \_\_\_\_\_ (\$30 each) \_\_\_\_\_

**Total Amount:** \_\_\_\_\_

**Make Checks Payable to: WVDSCS**

Mail check and this completed form to:

Mason County Action Group, Inc.  
Renaë Riffle  
P O Box 12  
Point Pleasant, WV 25550