

adviser registration

Final Registration
Cut-off: JULY 8

Name _____ M _____ F
 Home address _____ City/State _____ Zip _____
 Home phone (____) _____ Mobile (____) _____ Email _____
 School name _____ Newspaper ___ Yearbook ___ Other _____
 School address _____ City/State _____ Zip _____
 Emergency contact/relationship _____ Contact phone (____) _____
 Medical insurance company _____ Group number _____
 Physician's name _____ Physician's phone (____) _____

MEDICAL AGREEMENT

- Please attach a list of health-related concerns about which workshop staff should be aware, including medications.
- In the event that an emergency contact cannot be reached, I give permission for conference personnel to seek medical attention as needed at my expense.

Signature (required) _____ Date _____



profile

Years teaching _____ Years advising _____ Position in the fall _____
 JEA member _____ WJEA member _____ CJE _____ MJE _____ College Major _____
 Will you have students attending the workshop? Yes _____ No _____
 ___ I will purchase 20 clock hours @ \$4 (\$80 payable on site by check or credit card.)

Please indicate your Major Session choice (by number): _____



payment info

Please pay late fee (\$25) if registering after June 24

Adviser Workshop basic fee - \$440
 (includes private room/2-room shared bath/linens/all meals/materials) \$ 440.00
 On-campus parking fee \$30 (free parking just off campus in Sehome HS parking lot, shuttle available)..... \$ _____
Add \$25.00 Late Fee if submitted after June 24..... \$ _____
TOTAL PAYMENT \$ _____

Method of Payment

- Check mailed with this form Credit Card (information below or paid online: www.wjea.org)
 Purchase order mailed with this form PO# _____ (Please supply copy of P.O. paperwork)

Mail this form and full payment/purchase order/credit card info to: **Kathy Schrier, WJEA Executive Director**

WJEA • PO Box 24389 • Seattle WA 98124 • wjeaexecutivedirector@gmail.com • FAX 206-583-0508 • PH. 206-979-3234

Credit Card (MC/VISA/AMEX) # _____ Exp. ___ / ___ Code _____
 Name on Card _____ Email _____
 Billing Address _____ City/State _____ ZIP _____
 Phone #(____) _____ Signature _____ Date _____