Company _____

Address _____

City State Zip   Phone

Fees

	WITH Golf			*NO Golf*	
Full Registrant	$695.00		Full Registrant	$495.00
Monday Only	$565.00		Monday Only	$345.00
Hotel (per night)	$245.00		Hotel (per night)	$245.00

Registrants

Name _____ Full Registration $_____

Email _____ Monday Only Registration $_____

Hotel Arrival Date _____

Hotel Depart Date _____ Hotel (# nights x $245) $_____

Room Type/Requests (cannot guarantee) _____ (reservations deadline May 19)

Name _____ Full Registration $_____

Email _____ Monday Only Registration $_____

Hotel Arrival Date _____

Hotel Depart Date _____ Hotel (# nights x $245) $_____

Room Type/Requests (cannot guarantee) _____ (reservations deadline May 19)

Golf Pairing Requests

1)_____ 2)_____

3)_____ 4)_____

Pairings other than foursomes cannot be guaranteed but we will do our best to accommodate requests

Cancellation Policy:

    Full Refund if cancelled by May 19   NO REFUNDS after May 19

    NO SHOWS BILLED IN FULL

Payment

Registration fee(s) $_____

Hotel(s) $_____

Total Amount Due $_____

REGISTER & PAY BY CREDIT CARD go to www.wbwao.org Members Page, News & Events/Spring Meeting

PAY BY CHECK: Mail completed form with check payable to WBWAO, 37 W. Broad St., #1170, Columbus, OH 43215