



Registration Form 2017 W.O.W.W Conference

Name: _____

Contact Number(s): _____

Email Address: _____

Number of Attendees: _____

T-Shirt Size: _____

Have you attended a W.O.W.W Conference before? _____

If so, when? _____

Registration Due March 30, 2017

Conference fee **\$350**. This covers all materials that surround the conference along with hotel accommodations. A deposit of **\$ 50** will be required along with your registration form on set due date above to secure your reservation. The fee can be paid at your discretion but it must be paid in full by **August 15, 2017**. The following forms of payment will be accepted: PayPal, Credit Card, Check and Cash. Any extra curricular activities will be your financial responsibility.

Payment Schedule Options.

* In Full \$350 * 2 Payments of \$175 * 4 Payments of \$87.50 * 5 Payments of \$70

Which form of payment do you prefer: _____

Cancellations/Refunds: All cancellations must be provided in written form; via email or mail (listed below).

No refunds will be provided if you decide not to attend after **August 15, 2017** and / or if you no show to the conference.

A **50%** refund of what has already has been paid will be provided if reservation has been canceled by **June 30, 2017**.

A full refund for fees paid will be provided if reservation has been canceled by **April 30, 2017**.

Date: _____

Signature: _____