



# *Around the Region in 50 years*

Sharing our past...Shaping our Future

April 2-5, 2006

Hyatt Regency Hotel · San Francisco Airport

**Thank you for registering as a member for the WACUHO 2006 Annual Conference being held at the San Francisco Airport Hyatt Regency Hotel, April 2 – 5, 2006. Please fill in all the requested information. Please mail it to Celina Noriega, WACUHO Registration, 6000 University Pkwy, San Bernardino, CA 92407.**

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**Payment Options:**

We accept check, credit card or purchase order. Please note the deadline for submitting the purchase order payment will be the first day of the conference. A conference late fee charge will be applied if payment is not recieved by April 2nd. Checks should be mailed directly to Celina Noriega, CSUB, 6000 Univeristy Parkway, San Bernardino, CA 92407. WACUHO Tax ID#: 95-3007103

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Your name and institution \_\_\_\_\_

Title/position at institution \_\_\_\_\_

Street Address \_\_\_\_\_

Address (cont) \_\_\_\_\_

City \_\_\_\_\_

State/Province \_\_\_\_\_

Zip/Postal Code \_\_\_\_\_

Work Phone \_\_\_\_\_

FAX \_\_\_\_\_

E-Mail \_\_\_\_\_

Would you like to volunteer at the conference? \_\_\_\_\_

Are you a New Professional? \_\_\_\_\_

**Please provide the following information for nametag**

Last name, First name, Title, Name as it should appear on the tag.

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**Registration Rates—total conference:**

- Member full registration by March 7th : \$320.00
- Member full registration after March 7th: \$360.00
- Non-member full registration by March 7th: \$420.00
- Non-member full registration after March 7th: \$460.00
- Grad/New Professional full registration by March 7th: \$260.00
- Grad/New Professional full registration after March 7th: \$300.00

One day registration - \$160.00 (Monday or Tuesday only) Please note the Tuesday registration cost does not include a meal ticket for the Tuesday night Reception and Grand Banquet. Please purchase a separate ticket for this meal if you are interested in attending.

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**Meals while you are at the conference:**

Tuesday night Reception and Grand Banquet (for full registration)

Please choose one of the following entrees.

- Herb Crusted Chicken Breast
- Roasted Halibut

**Additional guest meals**

How many additional meals will you need for each of the following?

- Sunday Reception and Dinner at the Hiller Aviation Museum @ \$56.00
  - Monday morning breakfast @ \$18.50
  - Monday lunch @ \$36.00
  - Tuesday morning breakfast @ \$17.50
  - Tuesday lunch @ \$36.00
  - Tuesday night Reception and Grand Banquet @ \$66.00
- Please choose one of the following entries and indicate how many of each.
- Herb Crusted Chicken Breast
  - Roasted Halibut
- Wednesday brunch @ \$26.00

Please list any special dietary needs

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**Credit Card Information:** (WACUHO Tax ID#: 95-3007103)

Type of card: Visa \_\_\_ MasterCard \_\_\_

Name as it appears on the card \_\_\_\_\_

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Total amount to be charged: \$ \_\_\_\_\_

(If you have not calculated the total amount, please contact Celina Noriega at (909) 880-4167 and she will assist you.)

Authorizing Signature: \_\_\_\_\_

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**SUMMARY WORKSHEET:**

**Registration**

Member full registration by March 7th : \$320.00	_____	
Member full registration after March 7th: \$360.00	_____	
Non-member full registration by March 7th: \$420.00	_____	
Non-member full registration after March 7th: \$460.00	_____	
Grad/New Professional full registration by March 7th: \$260.00	_____	
Grad/New Professional full registration after March 7th: \$300.00	_____	\$ _____

**Additional Guest Meals**

Sunday Reception and Dinner at the Hiller Aviation Museum @ \$56.00	_____	
Monday morning breakfast @ \$18.50	_____	
Monday lunch @ \$36.00	_____	
Tuesday morning breakfast @ \$17.50	_____	
Tuesday lunch @ \$36.00	_____	
Tuesday night Reception and Grand Banquet @ \$66.00	_____	
Please choose one of the following entrees and indicate how many of each.		
_____ Herb Crusted Chicken Breast		
_____ Roasted Halibut		
Wednesday brunch @ \$26.00	_____	\$ _____

\_\_\_\_\_  
Total Amount Due