Conference Registration

Name:		
Address:		
City:	State:	Zip Code:
Day Phone:	Email:	
County:		
Agency/Organization:		
This is my first time atter	nding this conference: 🔲 Ye	s 🗌 No
Photographs taken of me	during the conference may be	e used for publication:
Workshops: Please indic	cate by number, the workshop	you plan to attend in each session
Session 1:	Session 2:	Session 3:
Session 4:	Session 5:	Session 6:
☐ I will attend the advar	nced Nonprofit Leadership ses	ssion on Wednesday morning.
Meals : Registration inclu Please indicate the meals	ides the meals listed below. Is you plan to eat.	
☐ Tuesday Lunch	☐ Wednesday Lunch	☐ Thursday Lunch
☐ Wednesday Governor	's Service Award Dinner	☐ Vegetarian Meals
Other Needs:		
Fees: Early Bird discount We can invoice your orga		th. We cannot accept credit cards.
	\$50 West Virginia Non-Profit whership information, visit wo	Association (WVNPA) member vw.wvnpa.org
Standard Registration:	WVNPA Member:	Single Day Rates:
Early Bird: \$150		
Regular: \$175	Regular: \$125	☐ Wednesday: \$90 ☐ Thursday: \$50
☐ Horses and Journeys	session: \$25	
Total enclosed:		☐ Please Invoice
Make checks payable to:	Volunteer West Virginia	
Mail registration form and Volunteer West Virginia	d check to: PO Box 6475 • Charlesto	n WV 25362
No refunds after July 2		