

## Registration Form

### Attendee information:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Job Title: \_\_\_\_\_

Mailing Address \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Email address: (You must provide an email address to receive conference updates and a confirmation/receipt)

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### To help our speakers understand the audience, please tell us:

1. Are you currently using social media in your business or organization?  
 Yes  No
2. What generation best describes you?  
 Boomer  Gen X  Gen Y  Other
3. Are you a business or non-profit business?  
 Business  Non Profit
4. If a business, please complete the questions below:
  - How long have you been in business? \_\_\_\_\_
  - How many employees do you have? \_\_\_\_\_
  - Do you own your own business?  Yes  No

### Please choose your activities:

- Basic conference** (includes conference and three break-out sessions):
  - \$198 for registration received before August 27
  - \$275 after August 27
- Break-out sessions:** Please identify the break-out sessions you want to attend:
  - Wednesday, 3-3:45 p.m. # \_\_\_\_\_
  - Wednesday, 5-5:45 p.m. # \_\_\_\_\_
  - Thursday, 10-10:45 a.m. # \_\_\_\_\_
- Keynote dinner:**
  - \$49, space is limited
  - Check if you would prefer a vegetarian meal

**There are three easy ways to register**

- 1) Browse [www.socialmediaconferencenw.com](http://www.socialmediaconferencenw.com) See Registration
- 2) Call us at (360) 647-3277 with Visa or MasterCard information
- 3) Mail in your registration form along with a check or your Visa or MasterCard information. A registration form is required for each person attending. Please do not send cash.

**Mail your registration to:**

Small Business Development Center, Attn. Tami Eastwood  
Western Washington University  
119 N. Commercial St., Suite 195  
Bellingham, WA 98225-4455

**Please choose payment method:**

Check: **Please make checks payable to Western Washington University**

Credit card: VISA or MasterCard

Name on card: \_\_\_\_\_

Card number: \_\_\_\_\_

V number (on back of card): \_\_\_\_\_ Expiration date: \_\_\_\_\_

**Cancellation policy**

To cancel a registration, please contact us at (360) 647-3277 by August 10, 2008. You will be entitled to a full refund less \$25 administration fee. No refunds will be given after August 10, 2008.

**Washington State Agencies**

Please note we cannot accept a P Card but do accept purchase orders online and in the mail.