



Pre-Registered Attendee List Label Order Form

Date Ordered (Please allow 5 working days): _____

Contact Info:

Member Name _____

Organization: _____

Address: _____

Telephone: _____ Email Address: _____

Amount ___\$100_____

Payment Method:

Credit Card # _____

Expiration Date: _____/_____

Verification Code: _____

Name, address & Zip Code (if different than above) of where the credit card statements get sent to _____

Signature of Card Holder: _____

**If Paying By Check, Make Check Payable to MPIWSC - CEC and send to address below:
Fax, Mail or Email Order Form To:**

Adean Vitale
Adean & Associates
Managing Office MPIWSC - CEC Registration Manager
PO Box 2165
Poulsbo, WA 98370
Fax: 1-360-779-1981, Email: adeanh@earthlink.net
Phone: 1-206-622-2117