

PLEASE JOIN US AT ONE OF OUR WOACA SEPTEMBER EVENTS!

# WOMEN OF A CERTAIN AGE CONFERENCE

Theatre 39@ PIER 39 - San Francisco, CA - September 15, 2006 or  
Tsakopoulos Library Galleria, Sacramento CA - September 22, 2006

Please print clearly

<b>CONFERENCE REGISTRATION</b>		
Name:	Title:	
Company:		
Address:	City:	State/Zip:
Phone:	Fax:	
E-Mail (please print very clearly):		
San Francisco, September 15, 2006	Sacramento, September 22, 2006	
<p><i>San Francisco Conference Registration prices</i></p> <p><input type="checkbox"/> Early Bird Attendee \$160</p> <p><input type="checkbox"/> Attendee \$180 - After August 22, 2006</p> <p><input type="checkbox"/> Bring a Friend/Colleague package \$300 (for two) Must register together - Name of second person</p> <p>Name _____</p> <p>Address _____</p> <p>City/State/Zip _____</p> <p>E-mail _____</p> <p><input type="checkbox"/> Yes, I will purchase the special WOACA priced ticket for the Menopause The Musical® show. # tickets ____ at \$36.50 each.</p> <p><input type="checkbox"/> I wish to attend the evening of the WOACA event.</p> <p><input type="checkbox"/> I wish to attend on another date of my choice.</p> <p><input type="checkbox"/> Yes, I will buy the discounted full day parking pass. Number of passes _____ at \$15 each</p>	<p><i>Sacramento Conference Registration prices</i></p> <p><input type="checkbox"/> Early Bird Attendee \$160</p> <p><input type="checkbox"/> Attendee \$180 - After August 22, 2006</p> <p><input type="checkbox"/> Bring a Friend/Colleague package \$300 (for two) Must register together - Name of second person</p> <p>Name _____</p> <p>Address _____</p> <p>City/State/Zip _____</p> <p>E-mail _____</p> <p><b><i>Exhibitor Registration</i></b> - Table top, fully skirted, your company sign and one full conference pass</p> <p><input type="checkbox"/> Exhibit regular \$395</p> <p><input type="checkbox"/> Exhibitor \$295 (non-profit or member area COC)</p> <p>Exhibits in Sacramento show only</p>	
<b>PAYMENT</b>		
<p><input type="checkbox"/> Check # _____ payable to: WOACA</p> <p><input type="checkbox"/> Visa</p> <p><input type="checkbox"/> MasterCard</p>	<p>Card # _____</p> <p>Exp. _____</p> <p>Signature below <i>(Must be Credit Card holder)</i></p>	

**Mail or fax this form with payment to:**

**WOACA**

**P.O. Box, 670**

**Santa Clara, CA 95052**

**Tel: (650) 548-9949 Fax: (650) 745-3417**

**woaca@regdesk.com**

**Cancellations** - Registrations are non-refundable, but may be transferred to another WOACA event.

**Register online:**

**www.Call-Productions.com**