



# 2006 Washington Week

## July 24-27, 2006

### Registration Form

Name: \_\_\_\_\_

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

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

Address: \_\_\_\_\_

Address 2: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Attendee Email: \_\_\_\_\_

**REGISTRATION FUNCTIONS**

**Event Fee**  
 \$99

**HOTEL ACCOMMODATIONS (Information for reservation purposes only)**

**Bed Type**  
 Single  
 Double

**Room Type**  
 Smoking  
 Non Smoking

**Special Needs (if applicable)** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Arrival Date:** \_\_\_\_\_  
**Departure Date:** \_\_\_\_\_

**PAYMENT INFORMATION**

Enter credit card information below or send check for full payment of registration

Credit Card: \_\_\_\_\_

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

Expiration: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Check Number: \_\_\_\_\_

Date: \_\_\_\_\_

Fax or mail the completed registration form back to  
 Amanda Scott at:  
 1155 21<sup>st</sup> Street, Suite 202  
 Washington, DC 20036  
 Fax: (202) 331-9276