

**WCS DISTRICT CONFERENCE
Saturday, November 17, 2007**

**Landmark Temple Theatre
47 St. Helens Avenue
Tacoma, WA 98402**

REGISTRATION FORM

Name (First/Last) _____

Rotary Club _____

Mailing Address _____

Telephone _____

Email Address _____

Conference charge of \$30 covers materials and meals.

_____ My check for \$30 is enclosed

_____ Please charge my credit card \$30 (MasterCard or Visa)

Credit card number _____

Expiration Date _____

Name as it appears on card:

Signature (if faxing or mailing registration form):

_____ **Yes!** I'm willing to make a presentation at the Conference. (If marked yes, you will be contacted by Brent Olson.)

Please use separate forms for multiple registrations and send registration information by Monday, November 12, to:

Beverly Vincent
Executive Director
Rotary Club of Tacoma
PO Box 1777
Tacoma, WA 98401

Email: wcsregistration@comcast.net

Fax: 253 473 7838

Telephone: 253 473 7723