

ATTENDEE REGISTRATION FORM

Attendee Information

Name:			
Title:	Organization:		
City:	State:	ZIP:	
Email:			

Other Information

Key Topics/Issues: Let us know if there are specific topics or i	ssues you would like to address
at the Symposium. We will work to connect attendees with similar	ilar interests during and after
the event.	

Special Needs

ADA

Please contact me	regarding my	y Americans w	vith Disabilities	Act needs
iotom/				

Dietary

Gluten Kosher Vegetarian

Other: _

Mailing List

Some of our sponsors and exhibitors may send out one email after the Symposium. These organizations were instrumental in making this Symposium happen. However, if you wish to opt out of receiving this information, please check the box below.

I wish to opt out of receiving information from Symposium sponsors and exhibitors.

Registration fees

Select one option below:

\$40 – Government, education or non-profit attendee

\$125 – Corporate or private sector attendee

Payment Instructions

Please make checks payable to: **Employment Security Department** Write "Symposium" in the memo line on the check

Mail: Mail check **WITH** a copy of this registration form to:

ESD- Vendor Pay Attention Mary Merrill PO BOX 9046 Olympia WA 98507

AND

Email: Email a copy of this form to 2019 Economic Symposium registration.