



Educational Workshop REGISTRATION FORM

Please Mail Completed Form With Payment To:
Western Pennsylvania Apartment Association
P. O. Box 3165 ~ Pittsburgh, PA 15230-3165
Telephone: 412.288.9780 ~ Fax: 412.833-3821

Name of Educational Workshop: _____

Date: _____

Time: _____

FAX to: 412.-833-3821

or E-mail attendees names to: info@thewpaa.com

or Call: 412-288-9780

Company/Property/Name: _____

Management Company (If applicable): _____

Street Address: _____

City: _____

State: _____

Zip: _____

Phone: _____

Fax: _____

E-mail Address: _____

List Individual Names of Attendees

Enclosed Payment: Check # _____ Invoice Me: _____ Amount: \$ _____

Charge my Credit Card # _____ Exp. Date _____ / _____

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Name on Credit Card: _____

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Are you a WPAA Member? ___ Yes ___ No

Make Check Payable To WPAA: Mail to: **Western Pennsylvania Apartment Association**
P. O. Box 3165
Pittsburgh, PA 15230-3165