



## Educational Course/Workshop REGISTRATION FORM

Property/Management  
Company:

Address:

City, State, & Zip:

Telephone Number:

Email:

Name & Date of  
Course/Workshop:

Names of Attendees (note if non-members)

Cost per Attendee:

Total Amount Due:

### Return Completed Form To

Western PA Apartment Association  
P. O. Box 15790  
Pittsburgh, PA 15244

**OR**

Fax: 724-371-0741

**OR**

Email: thewpaa@aol.com

### Method of Payment

Check# \_\_\_\_\_ (enclosed)

Invoice \_\_\_\_\_ (member only)

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

(WPAA should contact me)