



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 3165
Pittsburgh, PA 15230-3165

OR

Fax: 724-371-0741

OR

Email: thewpaa@aol.com

Method of Payment

Check# _____ (enclosed)

Invoice _____ (member only)

Credit Card _____

(WPAA should contact me)