

Registration WOMEN'S SUMMIT 2017

APPLICANT INFORMATION	
NAME	PHONE
ADDRESS	
EMAIL	
<input type="checkbox"/> USSA MEMBER	<input type="checkbox"/> NSP MEMBER

EVENT INFORMATION																	
WOMEN'S SUMMIT Location: Mammoth Mountain, CA March 5, 2017 Arrival Day <u>evening Keynote Presentation</u> is included and available to all participants.	March 6-8, 2017 Day 1: March 6, 2017 (Monday) Day 2: March 7, 2017 (Tuesday) Day 3: March 8, 2017 (Wednesday)	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: right; padding-right: 10px;">check box</td> <td style="border-left: 1px solid black; width: 10px;"></td> <td style="padding-left: 10px;"></td> </tr> <tr> <td style="text-align: right; padding-right: 10px;"><input type="checkbox"/></td> <td style="border-left: 1px solid black; width: 10px;"></td> <td style="padding-left: 10px;">\$125.00</td> </tr> <tr> <td style="text-align: right; padding-right: 10px;"><input type="checkbox"/></td> <td style="border-left: 1px solid black; width: 10px;"></td> <td style="padding-left: 10px;">\$125.00</td> </tr> <tr> <td style="text-align: right; padding-right: 10px;"><input type="checkbox"/></td> <td style="border-left: 1px solid black; width: 10px;"></td> <td style="padding-left: 10px;">\$125.00</td> </tr> <tr> <td colspan="2" style="text-align: right; padding-right: 10px;">TOTAL DUE</td> <td style="padding-left: 10px;">\$</td> </tr> </table>	check box			<input type="checkbox"/>		\$125.00	<input type="checkbox"/>		\$125.00	<input type="checkbox"/>		\$125.00	TOTAL DUE		\$
check box																	
<input type="checkbox"/>		\$125.00															
<input type="checkbox"/>		\$125.00															
<input type="checkbox"/>		\$125.00															
TOTAL DUE		\$															

Please list any physical or learning impairments for which PSIA-W needs to make accommodation in order to help you with the educational process.

SIGNATURE / RELEASE			
I, _____, DECLARE: I am an experienced skier/snowboarder and wish to participate in this event. In consideration of acceptance to and participation in this event, I hereby waive, release and forever discharge the ski areas, PSIA-W, employees, agents, members, sponsors and all other persons connected with this event from any and all liability for injury, damage or death, caused by negligence or other unintentional conduct. I am aware of the risks of skiing/snowboarding, including serious injury and death. I agree to assume all risks and to release all persons above from any liability for negligence or otherwise actionable conduct. I have fully read and voluntarily agree to the above terms and conditions.			
APPLICANT SIGNATURE	DATE	PARENT/GUARDIAN IF APPLICANT IS UNDER 18	DATE

ADMINISTRATIVE FEES & POLICIES		
CANCELLATION FEE:	1 week or more prior to event	\$10
	Less than 1 week and more than 2 business days prior to event	50%
	Less than 2 business days prior to event/No Shows	100% (no refund)
RETURNED CHECKS/DECLINED CHARGES: Returned checks will NOT be re-deposited and a \$25 fee will be assessed. All returned checks or declined charges must be re-paid 2 business days prior to event or registration will be cancelled.		

EVENT FEES	
<input type="checkbox"/> PAYING BY CHECK	CHECK #: _____ AMOUNT: \$ _____
<input type="checkbox"/> PAYING BY CREDIT CARD:	<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard
ACCOUNT #: <input style="width: 300px;" type="text"/>	EXP: ____ / ____ SECURITY CODE: _____
SIGNATURE: _____	