



REGISTRATION

FULL NAME / DR. / MR. / MS. / _____

NAME ON BADGE, IF DIFFERENT FROM ABOVE _____

TITLE _____

ORGANIZATION _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ E-MAIL _____

ASSISTANT'S NAME _____

PHONE _____ E-MAIL _____

REGISTRATION FEE INCLUDES MEALS — PLEASE CHECK ALL THAT APPLY:

- TOURISM/VISITORS INDUSTRY CLUSTER TOUR, 9/18/09: **\$40**
- ALL REMAINING 2009 INDUSTRY CLUSTER TOURS: **\$70**
(TOURISM/VISITORS, 9/18/09 • AEROSPACE, 12/11/09)
- ENCLOSED IS A CHECK PAYABLE TO **PUGET SOUND REGIONAL COUNCIL**
- PLEASE BILL MY CREDIT CARD MASTERCARD VISA

ACCOUNT NUMBER _____ EXPIRATION DATE _____

NAME ON CARD _____

BILLING ADDRESS FOR CARD _____

MAIL COMPLETED REGISTRATION FORM AND PAYMENT TO: PUGET SOUND REGIONAL COUNCIL
ATTN: ANDREW WERFELMANN
 1011 WESTERN AVENUE, SUITE 500
 SEATTLE, WASHINGTON 98104-1035

OR FAX TO: 206-587-4825

NO REFUNDS WILL BE GIVEN FOR CANCELLATIONS AFTER SEPTEMBER 11, 2009.

FOR MORE INFORMATION, PLEASE CONTACT **ERIC SCHINFELD** AT 206-971-3053 OR eschinfeld@psrc.org.