

**The WCA's 30th Annual National Conference Registration Form**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Arrival Date: \_\_\_\_\_

Departure Date: \_\_\_\_\_

Housing? \_\_\_\_\_

Limited work scholarships available.

Will you be coming to:

\_\_\_\_\_Conference      \$85 (WCA Member)

                                 \$115 (non-member)

\_\_\_\_\_Mural Arts Bus Tour    \$50

\_\_\_\_\_Honors Award Luncheon (TBD)

Check Amount: \_\_\_\_\_

(make checks payable to WCA note:conference)

Send to: Chistina Barbachano  
230 Gerritt St.  
Philadelphia, PA 19147