WESTERN CH	REC EST. 1934	GIONAL MEETIN REQUEST	FORM	
INTERNATIONAL S OF ARBORICU		PLEASE CHECK BOX FO	R DESIRED PARTICIPATIO	N
		SPONSOR		2
Meeting Title:				
Meeting Date <u>:</u>		Location:		
COMPANY INFOR	MATION			
Name:	Company Na	<i>m</i> e:		
Address:	City/Sta	te/Zip:		
Phone: (	Fax <u>: ( )</u>	Event Contact:		
INFORMATION AB	OUT SPONSORING A REGI	ONAL MEETING		
partial amo attendance sponsoring is	event sponsorship amount is \$ unt of food or beverage serv of the event or you may selev s appreciated and valued. W e to privacy laws, we are pro	ice supplied to the attende ct a specific dollar amount /CISA office would be hap	ees. Money will vary dep to fit your budget need py to discuss this in furth	pending upon s. Any help
INFORMATION AB	OUT EXHIBITING AT A REG	IONAL MEETING		
these events to bring to s Chapter off	or's fee is \$250.00 proceeds by We welcome your attendar how off to the attendees. You ice at 866-785-8960 to set u vailable inside and out and s	nce and can accommodate u may also bring or order up a booth spot. Booths are	the special equipment y tables, chairs, etc by cal available on a first cor	you would like lling the me first serve.
	Make checks p Western Chapter ISA, 31910 Charge to a credit card: VIS	-	erville, CA 93257	11
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Signature:				

For additional information call the WCISA office at 866-785-8960