

Conference Registration

Attendee Name (As you would like it to appear on your name badge): _____

Spouse/Guest's Name (As you would like it to appear on their name badge): _____

Company Name: _____

Phone: () _____ Fax: () _____ E-mail: _____

Mailing Address: _____

Events

	Attendee <small>(Please check each that apply)</small>	Guest <small>(Please check each that apply)</small>
Member Registration Fee.....	<input type="checkbox"/>	
Guest Meals.....		<input type="checkbox"/>
Non-Member Registration.....	<input type="checkbox"/>	
Exhibit Fee	<input type="checkbox"/>	
Golf Tournament	<input type="checkbox"/>	<input type="checkbox"/>
White Salmon River Rafting Adventure (includes catered BBQ lunch)	<input type="checkbox"/>	<input type="checkbox"/>
Columbia River Gorge Wineries Tour (transportation & tasting fees included)	<input type="checkbox"/>	<input type="checkbox"/>

Total Due: \$ _____

Payment

Enclosed is a check for \$ _____ (Make check payable to OTA) Please bill my company: PO# _____

Bill my credit card: Visa MasterCard Discover Card Number: _____

Exp. Date: _____ 3-Digit Verification Code: _____

Signature: _____ Zip code (as it appears on your statement): _____

*** If full payment is not received, an invoice will be generated and mailed to you.**

All forms available online at www.ota-telecom.org

Conference fee includes guest registration, attendee's meals and receptions but DOES NOT include guest meals.

Please return forms to the OTA Office by mail or fax no later than May 10, 2010.

777 13th Street SE, Suite 120 • Salem, Oregon 97301 • Phone 503-581-7430 • Fax 503-581-7457 • www.ota-telecom.org

OTA/WITA 2010 Joint Annual Meeting

Exhibit Registration

Company Name _____ Contact _____

Phone () _____ Fax () _____ E-mail _____

Mailing Address _____

Exhibitors

Please note that the first two (2) persons from an exhibiting company must pay the full member (or non-member) registration fee. Each additional representative of the exhibiting company is required to pay only the "guest meals" fee.

Eight-foot skirted tables are available for your exhibit. We will not be using pipe and drape. Table-top or free-standing exhibits are acceptable. The area available for exhibit set up is approximately 8 feet wide by 4 to 6 feet deep.

Exhibit Fee: \$200.00 for each exhibit. Please indicate if you will need power to your exhibit table: Yes No

Exhibit Set-Up: Monday, May 17 from 8:30 am to 3:30 pm.

Exhibit Hours: Monday, May 17 from 6:00 pm - 7:00 pm; Tuesday, May 18 from 7:00 am - 7:30 pm

When sending exhibit materials to the OTA/WITA Annual Meeting site, please note the following:

Packages must not be sent more than 3 days prior to the show. It is very important to label all shipments properly. Skamania Lodge does not take responsibility for returned/refused items because of improper labeling.

Ship to: (guest's name), Skamania Lodge, 1131 SW Skamania Lodge Way, Stevenson, WA 98648, "OTA / WITA Joint Annual Meeting"
Hold For: (your company name), Box # of #.

Exhibit space is limited, so please register early!

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fluid@onlinemac.com

www.fluidcommunications.biz



Golf Registration

Company Name: _____

Contact: _____

Phone: () _____ Fax: () _____ E-mail: _____

Mailing Address: _____

This will have a shotgun start and a scramble play format, with each team consisting of four players. Proper golf attire is required. Cutoffs and tank tops are not allowed. Players must wear soft spikes.

Golf fees include: Green fees, shared cart, range balls, bag handling, box lunch, two beverage/snack tickets and golf awards reception. This event helps support the OTA and WITA Scholarship programs. Thank you for your generous support of these important programs!

7:30 am - 8:30 am Registration
 8:30 am - 2:30 pm Golf

NOTE: Continental Breakfast is NOT provided. There will be a Golf Awards Reception immediately following tournament.

Golfer #1: _____ Handicap: _____

Golfer #2: _____ Handicap: _____

Golfer #3: _____ Handicap: _____

Golfer #4: _____ Handicap: _____

Golf Sponsorship

YES! My company will participate as a sponsor!

Company Name _____

Contact _____

Phone () _____ Fax () _____ E-mail _____

We will host/co-host the following golf events:

- Golf Awards Reception\$750 (or a portion thereof)
 - Golf Tournament Lunch\$500 (or a portion thereof)
 - Golf Tournament Beverage Cart\$500
 - Golf Tournament Hole Sponsor\$150
- Number of holes we will sponsor: _____
- Enclosed is a cash contribution: Amount: \$ _____
- Check #: _____
- Total Due: \$ _____**

Payment

Enclosed is a check for \$ _____ (Make check payable to OTA)

Please bill my company: PO# _____

Bill my credit card: Visa MasterCard Discover

Card Number: _____

Exp. Date: _____ 3-Digit Verification Code: _____

Signature: _____

Zip code: (as it appears on your statement) _____

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Telecom Provider Sponsorship

YES! My company will participate as a sponsor for the 2010 Annual Meeting!

Company Name: _____

Contact: _____

Phone: () _____ Fax: () _____ E-mail: _____

Mailing Address: _____

We would like to participate as a sponsor at the following level:

Platinum Level\$2,500

Gold Level\$1,000

Silver Level\$750

Bronze Level\$500

Total Due: \$ _____

Payment

Enclosed is a check for \$ _____ (Make check payable to OTA)

Please bill my company: PO# _____

Bill my credit card: Visa MasterCard Discover

Card Number: _____

Exp. Date: _____ 3-Digit Verification Code: _____

Signature: _____

Zip code: (as it appears on your statement) _____

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Associate Member Sponsorship

YES! My company will participate as a sponsor for the 2010 Annual Meeting!

Company Name: _____

Contact: _____

Phone: () _____ Fax: () _____ E-mail: _____

Mailing Address: _____

We would like to participate as a sponsor at the following level:

Gold Level\$500

Silver Level\$250

Bronze Level\$100

Total Due: \$ _____

Payment

Enclosed is a check for \$ _____ (Make check payable to OTA)

Please bill my company: PO# _____

Bill my credit card: Visa MasterCard Discover

Card Number: _____

Exp. Date: _____ 3-Digit Verification Code: _____

Signature: _____

Zip code: (as it appears on your statement) _____

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Thank you for your generous support!

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OTA/WITA Joint Annual Meeting Scholarship Donation Form



On Monday evening May 17, 2010 we will have our annual Silent Auction for the Scholarship Programs. This joint silent auction will provide funds to support both the OTA and the WITA Scholarship Programs. This is a most worthy cause, supporting your coworkers' children and other family members in their higher education pursuits. We appreciate any financial support and donations you can provide!



YES! We will support the OTA and WITA Scholarship Programs by:

Donating a Scholarship Silent Auction Item. Please include the purchase price of the item and a brief description. This information is necessary so that we can provide receipts to your company for the donation – and also to the purchaser of the item – for tax deduction purposes.

\$_____ (description)_____

Donating Cash \$_____ Enclosed is a check for \$_____ (Make check payable to OTA)

Please bill my company: PO#_____ Bill my credit card: Visa MasterCard Discover

Card Number: _____ Exp. Date: _____ 3-Digit Verification Code:_____

Signature: _____ Zip code (as it appears on your statement): _____

Company Name _____ Contact _____

Phone () _____ Fax () _____ E-mail _____

Mailing Address _____

Note: Please deliver your auction item to the OTA-WITA Annual Meeting Registration Desk at Skamania Lodge no later than 3:00 p.m. on Monday, May 17. If you will not be attending the Annual Meeting, but wish to make a donation, please send your donation to your association's Scholarship Foundation.

Thank you for your generous support!

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