



2018 WEA Representative Assembly

April 19-21, 2018
Spokane Convention Center

UniServ/Caucus/Group Name: _____

Contact Person: _____ **Phone:** _____

Email: _____

Invoicing: WEA Budget code _____

Council/Association to be invoiced _____

Paying with a council/association credit card? _____ If yes, the person listed above will be contacted for credit card information.

~~ Meetings will be at either the Spokane Convention Center or the DoubleTree Hotel based upon availability and group size. Room location will be sent to your contact person. ~~

☐ April 19 – Thursday ☐ time: _____ to _____

☐ April 20 – Friday ☐ 7:00 to 9:00 a.m. ☐ 7:30 to 9:00 a.m. ☐ other time: _____ to _____

☐ April 21 – Saturday ☐ 7:00 to 9:00 a.m. ☐ 7:30 to 9:00 a.m. ☐ other time: _____ to _____

Number of people attending: _____

Food and beverage needed: (including meals & breaks; specify as lunch, dinner, plated meal, buffet style, working meal in room, or reception/social) *Menus will be emailed to contact person.*

Room Set Up: (Choose one)

☐ Classroom (tables & chairs) ☐ Theatre (chairs only)

☐ Rounds #__ chairs per table ☐ Conference (boardroom) ☐ Hollow Square

Audio/Visual Equipment Needs:

Special Requests (dietary needs, etc.):

BY FRIDAY, MARCH 2....RETURN THIS FORM TO: Sharon Closson, Meeting Planner
Email: sclosson@washingtonnea.org or fax 1-509-325-5906
Questions? Call Sharon at 1-509-324-2162