

# 2024 WICA ANNUAL CONVENTION REGISTRATION FORM

SEPTEMBER 15 - 17, 2024 | FAIRMONT ORCHID RESORT | BIG ISLAND, HI



Company Name \_\_\_\_\_  
Attendee Name \_\_\_\_\_ Spouse/Guest Name \_\_\_\_\_  
Children Name(s) and ages \_\_\_\_\_  
Billing Address \_\_\_\_\_  
Telephone \_\_\_\_\_ Email \_\_\_\_\_

## REGISTRATION FEES (Check appropriate boxes)

Attendee	<input type="checkbox"/>	\$850 Members	<input type="checkbox"/>	\$1000 Non-Members
Spouse/Guest	<input type="checkbox"/>	\$750 Members	<input type="checkbox"/>	\$900 Non-Members
Child (age 17 & under)	<input type="checkbox"/>	\$400 Members	<input type="checkbox"/>	\$500 Non-Members   Number of children _____

\*Please note guests/spouses and children in attendance must be registered.

## OPTIONAL ACTIVITIES

\$150 per person Catamaran Snorkel Cruise | Number of participants \_\_\_\_\_  
 \$225 per person Golf Tournament at Mauna Lani South Course | Number of participants \_\_\_\_\_  
 \$95 per person Outrigger Canoe Group Tour | Number of participants \_\_\_\_\_

## SPONSORSHIPS

<input type="checkbox"/> Opening Reception — \$500	<input type="checkbox"/> Seminars — \$300
<input type="checkbox"/> President's Reception — \$500	<input type="checkbox"/> Morning Breaks — \$300
<input type="checkbox"/> President's Dinner — \$500	<input type="checkbox"/> Golf Tournament — \$300   hole sponsorship   Number of holes _____
<input type="checkbox"/> Keynote Breakfast — \$300	<input type="checkbox"/> Prize Donation (please contact WICA Office)

Company Name (as to appear on sponsor sign): \_\_\_\_\_  
Contact Person Name: \_\_\_\_\_

## TOTAL REGISTRATION AND SPONSORSHIPS

Registration Fees Total \$ \_\_\_\_\_  
Optional Activities \$ \_\_\_\_\_  
Sponsorships Total \$ \_\_\_\_\_

**REGISTRATION DEADLINE:**  
**August 14, 2024**

**TOTAL AMOUNT DUE \$**

## PAYMENT

Name on Credit Card \_\_\_\_\_  
Payment Type  VISA  MASTERCARD  AMEX  CHECK  
Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_ Verification Code \_\_\_\_\_  
Signature \_\_\_\_\_

Signature authorizes card processing for registration and sponsorship totals. Payment must accompany registration. Return to WICA by August 14, 2024. Written notice of cancellation must be received by WICA no later than August 14, 2024 for a full refund.

## HOTEL RESERVATION INFORMATION

WICA Convention Attendees are responsible for making their own hotel reservations. Please call the hotel at 1-800-845-9905 and ask for the WICA Annual Convention room block or book [here](#). Group room rate is \$359 per night, Limited King Rooms, \$30 Nightly Resort Fee. For more information about taxes, fees, parking, and cancellation, please visit [WICA1.com](http://WICA1.com).

EMAIL FORM TO: [CARRIE@WICA1.COM](mailto:CARRIE@WICA1.COM)

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