



REGISTRATION FORM

**Please complete this form,
enclose check,
payable to “WPPR”**

(Note: the last two letters are “-**PR**,” not “-RR”,
do NOT make out to Michael Alexander or to RPA or to NARP)
for **\$31** (received by Feb. 27)
or **\$36** (received between February 27 and March 6)

and mail to:

**RPA meeting
c/o Michael Alexander
1831 Murray Ave., Suite #217
Pittsburgh, PA 15217-1656**

Name: _____

Street: _____

City, State, Zip: _____

Phone: _____

e-mail: _____

(For those whose responses are received by Feb. 27) I will be parking at the Chestnut St. garage, and will need a parking validation ticket, which I will pick up at the event... Yes ___ No ___

I have special dietary needs. Yes ___ No ___ (If “yes,” please contact Michael directly well in advance.)

Please print legibly.