

19TH ANNUAL

Tri-Cities Regional



ECONOMIC OUTLOOK



FEBRUARY 15, 2018



7:30A-1:30P



PASCO RED LION

Business Name: _____

Contact Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ Email: _____

Attendee Name(s):

	All-Day	Lunch Only	Meal Selection Steak Salmon	
1. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dietary Restrictions: _____
2. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dietary Restrictions: _____
3. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dietary Restrictions: _____
4. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dietary Restrictions: _____
5. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dietary Restrictions: _____
6. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dietary Restrictions: _____
7. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dietary Restrictions: _____
8. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dietary Restrictions: _____

Regional Economic Outlook & Luncheon

TRIDEC Member: \$75 X _____ = \$ _____

Non-Member: \$85 X _____ = \$ _____

Group Rate (8): \$540 X _____ = \$ _____

Luncheon Only

TRIDEC Member: \$25 X _____ = \$ _____

Non-Member: \$35 X _____ = \$ _____

Group Rate (8): \$180 X _____ = \$ _____

Payment Method ☐ Invoice ☐ Check ☐ Credit Card

Make Payment to: *Tri-City Development Council*

Card # _____

Exp. Date _____ CV Code _____ Amount _____

Name on Card _____

Authorized Signature _____

Return Completed Form to:

TRIDEC, 7130 W Grandridge Blvd, Ste A Kennewick, WA 99336

Fax: (509) 735-6609 | Email: tjao@tridec.org

For More Information Contact:

Traci Jao, 509-735-1000 | tjao@tridec.org

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