

Northwest Stone Sculptors Association

2025 Oregon International Stone Carving Symposium Registration August 24th-31st 2025

Register by July 25th for the Members' *Early Bird Discount and SAVE \$100!

	Member Rate	Non-Member Rate
Full Time Registration	\$970/*\$870	\$1,070
Full Time Student Registration*	\$650	
Overnight Rate (3 meals + 1 Overnight)	# days x \$160	# days x \$180
Day Rate (includes lunch + dinner)	# days x \$100	
Non-Carving Spouse Rate	# days x \$80	# days x \$80
T-Shirt Pre-Order	\$15.00	\$15.00
Hoodie Pre-Order	\$35.00	\$35.00
Annual NWSSA Membership Renewal	\$50.00	
Total Submitted	\$	\$

If attending Part Time, please let us know the dates you will attend: _____

Registrant Information:

Name: _____
Address: _____
City: _____ State/Prov. _____
Zip/PC: _____
Phone: _____
email: _____
T-Shirt Size: ☐ Sm ☐ Med ☐ Lg ☐ XL ☐ XXL ☐ Other _____
Hoodie Size: ☐ Sm ☐ Med ☐ Lg ☐ XL ☐ XXL ☐ Other _____

- ☐ Check to participate in the jade workshop (on-site materials fee)
☐ Check to carve in the Beginner/Community tent area
☐ Check to participate in the Sculpture Walk (2 pieces Max)

Register online or mail this form with payment to:

NWSSA
Attn: Kentaro Kojima & Rachell Jarvis, Co-Directors
PO Box 27364
Seattle, WA 98165

Upon registration, you will receive an email with information including directions to Camp Suttle Lake and a list of things to bring.

Payment Information:

Please make your checks payable to **NWSSA** or pay by Visa or Mastercard.
If paying by CC, we will phone to confirm your CVV#

Card # _____ Exp Date _____

Signature _____

Lodging Information:

Do you prefer to stay in the Lodge or Cabin? ☐ LODGE ☐ CABIN
Wesley Meadow Lodge sleeps 2-3 per room with a shared bath
The Cabins sleep 3 per cabin with a shared central bath
Your gender: _____
Your preferred roommate: ☐ same gender ☐ mixed gender ☐ no preference
Names of folks you'd like to room with if possible: _____

Lodge/Cabin Roommate Matching Survey:

Sleep:
Do you tend to stay up late? ☐ YES ☐ NO
Do you tend to sleep through breakfast? ☐ YES ☐ NO
Do you snore? ☐ YES ☐ NO
Are you a light sleeper? ☐ YES ☐ NO
Any other special needs? (e.g. mobility) ☐ YES ☐ NO

Dietary: Please check anything you CAN NOT eat:

☐ red meat ☐ dairy ☐ chocolate
☐ pork ☐ gluten ☐ eggs
☐ poultry (chicken/turkey) ☐ soy ☐ other, be specific: _____
☐ fish ☐ corn
☐ shellfish ☐ peanuts

If you have dietary sensitivities, please share with us a favorite recipe that we can pass along to the kitchen staff! _____

Medical:

Do you have a life threatening allergy we should know about? ☐ YES ☐ NO
Do you carry an EpiPen? ☐ YES ☐ NO

If so, where is it located: _____

Emergency Contact:

Name: _____ Phone: _____