

2017 AWW&WEA MEMBER REGISTRATION FORM

Please print clearly and use ink to complete.

Name _____
 Company Name _____
 Company Address _____
 City _____ State _____ Zip _____
 Last 4 Digits of SSN _____ Phone Number _____

Check all that apply

YP (age 35 or younger)
 Elected official
 Operations
 Maintenance
 Consulting
 Vendor

Registration Confirmation:

Please select one. No confirmation will be sent if information is not provided below. Group registrations will **ONLY** receive one confirmation email.

- E-mail confirmation to: _____
 Fax confirmation to: _____ No confirmation needed

Report attendance to the following certification authority:

Water License (check all that apply)

- Treatment: T1 T2 T3 T4 OIT
 Distribution: D1 D2 D3 D4 VSS OIT

Wastewater License (check all that apply)

- Class 1 Class II Class III Class IV Industrial Cross Connection/Backflow

Registration Options	Cost	Qty.	Total
Advanced Registration (Includes One Conf. Lunch Ticket Mon. & Tues.)	\$130.00		
Late & On-Site Registration (Includes One Conf. Lunch Ticket Mon. & Tues.)	\$170.00		
Annual Conference Banquet	\$50.00		
Wastewater Awards Luncheon (Monday)	\$30.00		
Water Awards Luncheon (Tuesday)	\$30.00		
Laboratory/Pretreatment Breakfast	\$12.00		
EXTRA Conference Lunch Ticket (Monday)	\$30.00		
EXTRA Conference Lunch Ticket (Tuesday)	\$30.00		
Advanced Golf Tournament Registration: Handicap _____	\$90.00		
Late & On-Site Golf Tournament Registration: Handicap _____	\$110.00		
Advanced Spouse Registration: Spouse Name _____ <input type="checkbox"/> Attending Monday Spouse Luncheon <input type="checkbox"/> Not Attending	\$50.00		
Late & On-Site Spouse Registration: Spouse Name _____ <input type="checkbox"/> Attending Monday Spouse Luncheon <input type="checkbox"/> Not Attending	\$55.00		
Total			\$

**ADVANCED pricing available for all registrations post-marked on or before March 31st, 2017.
 REGISTRATION CLOSING APRIL 10th, 2017. AFTER APRIL 10th, 2017 ONSITE REGISTRATION AVAILABLE ONLY!
 *NO refunds will be given after April 10th, 2017***

Payment Information: Check Enclosed: # _____ Credit Card Information Provided
 CC Type: _____ Credit Card # _____ Exp. _____ Security Code _____
 Name on Card _____ CC Billing Address _____
 City _____ State _____ Zip Code _____

**COMPLETE REGISTRATION AND MAIL WITH PAYMENT TO:
 AWW&WEA ♦ P.O. BOX 1958 ♦ Little Rock, AR 72203 or Fax to (501) 375-5230
 For registration questions please call: (501) 904-5228**