



CA-NV AWWA 2008 ANNUAL FALL CONFERENCE • RENO, NV

Registration Form • October 20-23, 2008

Occupation Codes (please check one): WTR Water Utility CTR Contractor CNS Consultant MFG Manufacturer REF Manufacturer's Representative DIS Distributor EDU Educator RES Research Laboratory FED Federal Government STA State Government LOC Local Government STU Student OTH Other _____

I am a New Member of AWWA or this is my first CA-NV AWWA Conference I am a speaker at this conference Date: _____ Time: _____

NAME (how you would like it to appear on your badge) _____

Title _____ Company _____

Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____

Email _____ AWWA Member # _____

Type Of Membership (check one) Individual Organization Operator/Admin. Utility I am a CWEA Member (same rate as CA-NV-AWWA Member)

Complimentary Spouse/Guest (if attending) _____
(Household members ONLY. Not to be used for water industry personnel)

Member Registration Fees	On or Before August 25th	On or Before September 15th	Onsite: After September 15th	Subtotals
<input type="checkbox"/> FULL REGISTRATION (41610-6120) <i>Includes Keynote & Exhibitor Hosted Lunch</i>	\$395	\$445	\$525	\$ _____
<input type="checkbox"/> With Annual Dinner	\$470	\$520	\$600	\$ _____
SPECIAL REGISTRATIONS See page 8 for registration details.				
<input type="checkbox"/> Tues. One-Day, October 21 (41620-6120) <i>Includes Keynote Luncheon</i>	\$205	\$245	\$280	\$ _____
<input type="checkbox"/> Wed. One-Day, October 22 (41620-6120) <i>Includes Exhibitor Hosted Lunch</i>	\$205	\$245	\$280	\$ _____
<input type="checkbox"/> With Annual Dinner	\$280	\$320	\$355	\$ _____
<input type="checkbox"/> Thurs. One-Day, October 23 (41620-6120)	\$110	\$140	\$180	\$ _____
<input type="checkbox"/> Exhibits Only: Tues., October 21 (41630-6120)	\$30	\$40	\$50	\$ _____
<input type="checkbox"/> Exhibits Only: Wed., October 22 (41630-6120)	\$30	\$40	\$50	\$ _____
<input type="checkbox"/> STUDENT or RETIREE REGISTRATION (See Meal Options)	FREE	FREE	FREE	\$ FREE

MEALS
<i>If not included with registration fee</i>
<input type="checkbox"/> Keynote Luncheon (41655-6120) (Tues., October 21st) \$50
<input type="checkbox"/> Exhibitor Hosted Lunch (41655-6120) (Wed., October 22nd) \$40
<input type="checkbox"/> Annual Dinner (41650-6120) (Wed., October 22nd) \$75
Subtotal \$ _____

Non-Member Registration Fees	On or Before August 25th	August 25th September 15th	Onsite: After September 15th	Subtotals
<input type="checkbox"/> FULL REGISTRATION (41612-6120) <i>Includes Keynote & Exhibitor Hosted Lunch</i>	\$450	\$510	\$590	\$ _____
<input type="checkbox"/> With Annual Dinner	\$525	\$585	\$665	\$ _____
SPECIAL REGISTRATIONS See page 8 for registration details.				
<input type="checkbox"/> Tues. One-Day, October 21 (41622-6120) <i>Includes Keynote Luncheon</i>	\$230	\$270	\$310	\$ _____
<input type="checkbox"/> Wed. One-Day, October 22 (41622-6120) <i>Includes Exhibitor Hosted Lunch</i>	\$230	\$270	\$310	\$ _____
<input type="checkbox"/> With Annual Dinner	\$305	\$345	\$385	\$ _____
<input type="checkbox"/> Thurs. One-Day, October 23 (41622-6120)	\$125	\$160	\$195	\$ _____
<input type="checkbox"/> Exhibits Only: Tues., October 21 (41632-6120)	\$40	\$50	\$60	\$ _____
<input type="checkbox"/> Exhibits Only: Wed., October 22 (41632-6120)	\$40	\$50	\$60	\$ _____
<input type="checkbox"/> STUDENT or RETIREE REGISTRATION (See Meal Options)	FREE	FREE	FREE	\$ FREE

SPECIAL EVENTS
<input type="checkbox"/> Golf Tournament, Oct. 21 \$100 (41660-6120)
<input type="checkbox"/> Tues. Technical Tour, Oct. 21. \$35 (41645-6120)
<input type="checkbox"/> Wed. Technical Tour, Oct. 22. \$35 (41645-6120)
<input type="checkbox"/> Thurs. Technical Tour, Oct. 23. \$35 (41645-6120)
Subtotal \$ _____

CONTACT HOURS
<input type="checkbox"/> FREE (I am an individual, operator or administrative AWWA member)
<input type="checkbox"/> \$20 (My utility/organization is an AWWA member or I am not an AWWA member) (41290-6120)

PAYMENT METHOD
Check # _____ Payable to CA-NV AWWA (U.S. funds)
PO # _____ Must be accompanied by a physical copy of the PO
Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> AMEX
Card No.: _____
Exp. Date: _____ V-Code: _____
Name on Card: _____
Authorized Signature: _____
Billing Zip Code: _____ Must be Zip Code in which credit card statement is mailed
For copy of receipt, please write email address or fax #:

PAYMENT INFORMATION
Registration Total: _____ Special Events Total: _____
Meal Total: _____ Contact Hours: _____
Total Amount Due: _____

Registrations must be accompanied by payment (Check, Money Order, Credit Card or physical Purchase Order) and received prior to September 15, 2008. Onsite registration will be required after September 15, 2008. Refund requests must be submitted in writing to the Section office by September 15, 2008. A \$30 administrative fee will be deducted from all refunds. NO Refunds granted after September 15, 2008.

CA-NV AWWA Contact Information: 10574 Acacia Street, Suite D6, Rancho Cucamonga, CA 91730 • Phone: (909) 481-7200 • Fax: (909) 291-2107
www.ca-nv-awwa.org

Please submit registration by September 15th for CPS (ERG)-Education Reimbursement Grant ERG# _____