

EXHIBITOR REGISTRATION FORM
WATER EDUCATION SEMINAR SOUTH (WES)
AUGUST 16, 2017 · ORANGE, CALIFORNIA
 Santiago Canyon College · 8045 E. Chapman Ave Orange, CA 92869



Primary Company Contact _____

Company Name _____

Address _____

City/State/Zip _____

Phone Number _____

Email Address _____

AWWA Service Provider/Utility Organization Member Number _____

Exhibitor Package includes one Booth Personnel Registration, one Lunch Ticket, one six foot table for vendor display and one canopy for shade. The exhibitor displays are held outdoors. Booth selection is on a first come basis on the morning of the event.

Name: _____

PAYMENT INFORMATION

Select payment type

Check Payable to CA-NV AWWA (U.S. funds)

PO# _____
 Must be accompanied by a physical copy of the PO

Credit Card: Visa Mastercard American Express

Card No. _____

Expiration Date _____

Name on Card: _____

Authorized Signature: _____

Billing Zip Code: _____

For a copy of receipt, please write your email address: _____

1. EXHIBITOR

AWWA Service Provider/Utility Member
 Reserved and paid on or before July 21, 2017
 \$450 per booth = \$ _____

AWWA Service Provider/Utility Member
 Reserved and paid after July 21, 2017
 \$500 per booth = \$ _____

Regular Price (Non Member) Exhibitor
 \$550 per booth = \$ _____

2. SPONSORSHIPS

Lanyards - Limited to 1 Sponsor
 Lanyards are printed with company logo
 \$1,000 per sponsor = \$ _____

Lunch Trucks - Limited to 4 Sponsors
 Signage at event and logo in the program
 \$750 per sponsor = \$ _____

Refreshment Breaks - Limited to 4 Sponsors
 Signage at event and logo in the program
 \$500 per sponsor = \$ _____

3. EXTRAS

Additional Booth Personnel
 Each receive a badge and lunch ticket
 Qty: _____ @ \$35 each = \$ _____

Name: _____

Attendee List - pre & post event
 Attendee Mailing list, no emails
 \$70 for both lists = \$ _____

Additional lunch tickets
 Each ticket is valid for one additional lunch
 Qty: _____ @ \$15 per lunch = \$ _____

Scholarship Donation
 Donation receipts will be emailed for this contribution
 Any amount is appreciated = \$ _____

TOTAL AMOUNT ENCLOSED = \$ _____

Please read the following carefully and sign below. Our company and its representatives hereby agree to abide by all the "Rules and Regulations" as stated online in the Exhibitor Rules and Regulations. Payment or Purchase Order (PO) must accompany this completed form. Refund requests must be submitted in writing to the Section Office by July 21, 2017. A \$50 administrative fee will be deducted from all refunds. NO refunds will be granted after July 21, 2017.

Signature: _____ Date: _____

Print Name: _____ Title: _____

Email all registration forms and credit card payments to schickarmane@ca-nv-awwa.org or fax to 909-291-2107 or mail with check to CA-NV Section, AWWA, 10435 Ashford Street, Rancho Cucamonga, CA 91730. Registration questions? Contact the Section Office at (909) 291-2117 or email schickarmane@ca-nv-awwa.org.