EXHIBITOR REGISTRATION FORM

2017 FALL CONFERENCE October 23-26, 2017

ATLANTIS RESORT- RENO, NV

Primary Company Contact

Company Name

Address

City/State/Zip

Phone Number

Email Address

AWWA Service Provider/Utility Organization Member Number

Selected Booth Number(s) _____

Refer to the Exhibitor floorplan to select your booth(s)

Booth registration includes two (2) complimentary exhibit personnel registrations with Wednesday lunch tickets, one (1) 10' x 10' booth with pipe and drape, one (1) 6' table, two (2) chairs and one (1) waste basket and a pre and post attendee mailing list.

Additional information regarding electrical, booth carpeting, etc. will be distributed to exhibitors after full payment is processed.

Exhibitors may have up to four representatives (2 complimentary + 2 additional fee) work in the booth. Additional personnel registrations are available for a fee of \$125 Member/\$135 Non Member.

List the names and email addresses of your onsite representatives (First two listed will receive the complimentary personnel registrations):

1		
List if different than Primary Company Contact		
2		
Additional Personnel		
3.		
-·		

4.



EARLY BIRD REGISTRATION

Reserved and paid on or before June 30, 2017 AWWA Service Provider or Utility Organization Member

- $($1,145 \text{ per booth}) _ x $1,145 = $____$
- □ Non Member Exhibitor (\$1,445 per booth) _____ x \$1,445 = \$____

PRE-REGISTRATION

Reserved and paid on or before September 22, 2017

- $\Box \text{ AWWA Service Provider or Utility Organization Member} ($1,445 per booth) _____ x $1,445 = $____$
- Non Member Exhibitor (\$1,745 per booth) _____ x \$1,745 = \$_____

ONSITE REGISTRATION

Reserved and paid after September 22, 2017

- $\hfill\square$ AWWA Service Provider or Utility Organization Member
- (\$1,745 per booth) _____ x \$1,745 = \$____ □ Non Member Exhibitor (\$2,045 per booth) _____ x \$2,045 = \$____

ADDITIONAL BOOTH PERSONNEL

□ Member Rate _____ x \$125 = \$____ □ Non Member Rate _____ x \$135 = \$____

ADDITIONAL CONTRIBUTIONS/SUPPORT

□ Prize Drawing	x \$50	= \$
\square Scholarship Fund _	x \$50	= \$

□ Additional Company Name Listing in Program

Company Name: _____

_____x \$100 = \$_____

TOTAL AMOUNT ENCLOSED = \$____

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. _____

EXP Date: ______ Billing Zip Code: _____

Name on Card:_____

Authorized Signature: _____

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

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 must be received within 30 days of reserving your booth. Payments not received in full will not be guaranteed a booth.

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 Conference registration questions? Contact the Section Office at (909) 291-2108 or svisser@ca-nv-awwa.org