

EXHIBITOR REGISTRATION FORM

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 one (1) complimentary exhibit personnel registration, one (1) 8' x 10' booth with pipe and drape, one (1) 6' table, one (1) chair, one (1) waste basket and a pre and post attendee mailing list. The exhibit hall is carpeted. Additional information regarding electrical, special setups, etc. will be distributed to exhibitors after full payment is processed.

Please list the name and email address of your onsite representative below if different than the Primary Contact listed above.

1. _____

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 online. Payments not received within 30 days will not be guaranteed a booth location. Refund requests must be submitted in writing to the Section Office by March 10, 2017. A \$50 administrative fee will be deducted from all refunds. NO refunds will be granted after March 11, 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 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) 291-2116 or svisser@ca-nv-awwa.org



2017 NAWL CONFERENCE
December 3-5, 2017
San Diego, CA

BOOTH RATES

☐ **AWWA Service Provider or Utility Organization Member**
(\$850 per booth) _____ x \$850 = \$ _____

☐ **Non Member Exhibitor**
(\$950 per booth) _____ x \$950 = \$ _____

ADDITIONAL CONTRIBUTIONS/SUPPORT

☐ **Prize Drawing** _____ x \$50 = \$ _____

☐ **Scholarship Fund** _____ x \$50 = \$ _____

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. _____

Billing Zip Code: _____ Exp. Date: _____

Name on Card: _____

Authorized Signature: _____

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