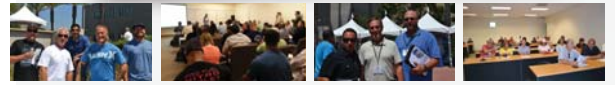
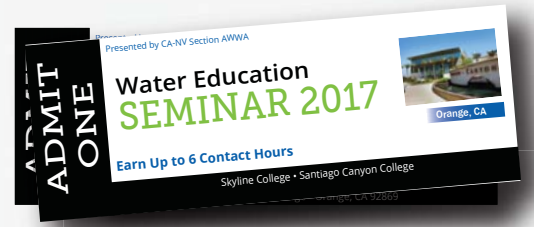


WATER EDUCATION SEMINAR (WES) BULK REGISTRATION FORM Page 1 of 2

WES SOUTH • Wednesday, August 16, 2017
Santiago Canyon College • 8am - 3:30pm
8045 E. Chapman Ave, Orange, CA 92869

This one day event brings together operators, managers, technicians and field personnel for a day of educational sessions in a college setting. The Seminars present a variety of topics such as Environmental Health & Safety, Drinking Water Regulations, Water Distribution, Water Engineering, etc.

An In-N-Out lunch is also included with registration.



EARN UP TO 6 CONTACT HOURS

Don't miss your chance to register!

AWWA Member#: _____

COMPANY CONTACT NAME: _____

Primary Phone: _____ Secondary Phone: _____

E-mail: _____

Company Name: _____

Company Address: _____

City: _____ State: _____ Zip: _____

CHOOSE YOUR REGISTRATION

| | Members | Non Members |
|--|---------|-------------|
| <input type="checkbox"/> Pre Registration (On or Before July 21) | \$110 | \$125 |
| <input type="checkbox"/> Onsite Registration (after July 21) | \$125 | \$140 |

CONTACT HOURS (Not included in Registration)

| | | |
|--|------|------|
| <input type="checkbox"/> I'm an Individual AWWA Member | FREE | ---- |
| <input type="checkbox"/> My Company is an AWWA Member | \$20 | ---- |
| <input type="checkbox"/> I am a Non Member | ---- | \$20 |

TOTAL AMOUNT DUE: _____

PAYMENT OPTIONS

Make checks payable, in U.S. funds, to CA-NV AWWA

Check # _____ PO # _____
(Must be accompanied by a physical copy of the Purchase Order)

Payment Method: Credit Card: Visa ___ MC ___ AMEX ___

Name on Card: _____

Credit Card # _____

Exp. Date: _____ Billing Zip Code: _____

Authorized Signature: _____

If you need a copy of your receipt, please enter e-mail address:

E-mail _____

CA-NV AWWA CANCELLATION POLICY

Requests for refunds and requests for transfers must be made in writing and are subject to the following conditions: Full refund of fee paid (minus \$50.00 handling fee) will be issued for cancellations received more than three weeks prior to event date. All fees are non-refundable thereafter.

Return this completed form with your payment or purchase order to
CA-NV AWWA • 10435 Ashford Street • Rancho Cucamonga, CA 91730
or submit by fax to (909) 291-2107 or by email to
schickarmane@ca-nv-awwa.org

Company _____

Group Coordinator Name _____

GROUP INFORMATION

Special Offer

Purchase 6 Attendee Registrations
& Receive the 7th Attendee
Registration **FREE!**

To qualify, all registered attendees must work for the same company and have the same Group/Company Coordinator name.

| | |
|----------|--|
| NAME | <input type="text"/> |
| EMAIL | <input type="text"/> |
| AMOUNT | <input type="text"/> CONTACT HOURS <input type="checkbox"/> Free with Individual Membership |
| MEMBER # | <input type="text"/> <input type="checkbox"/> \$20 All Others |

| | |
|----------|--|
| NAME | <input type="text"/> |
| EMAIL | <input type="text"/> |
| AMOUNT | <input type="text"/> CONTACT HOURS <input type="checkbox"/> Free with Individual Membership |
| MEMBER # | <input type="text"/> <input type="checkbox"/> \$20 All Others |

| | |
|----------|--|
| NAME | <input type="text"/> |
| EMAIL | <input type="text"/> |
| AMOUNT | <input type="text"/> CONTACT HOURS <input type="checkbox"/> Free with Individual Membership |
| MEMBER # | <input type="text"/> <input type="checkbox"/> \$20 All Others |

| | |
|----------|--|
| NAME | <input type="text"/> |
| EMAIL | <input type="text"/> |
| AMOUNT | <input type="text"/> CONTACT HOURS <input type="checkbox"/> Free with Individual Membership |
| MEMBER # | <input type="text"/> <input type="checkbox"/> \$20 All Others |

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|----------|--|
| NAME | <input type="text"/> |
| EMAIL | <input type="text"/> |
| AMOUNT | <input type="text"/> CONTACT HOURS <input type="checkbox"/> Free with Individual Membership |
| MEMBER # | <input type="text"/> <input type="checkbox"/> \$20 All Others |

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|----------|--|
| NAME | <input type="text"/> |
| EMAIL | <input type="text"/> |
| AMOUNT | <input type="text"/> CONTACT HOURS <input type="checkbox"/> Free with Individual Membership |
| MEMBER # | <input type="text"/> <input type="checkbox"/> \$20 All Others |

| | |
|----------|--|
| NAME | <input type="text"/> |
| EMAIL | <input type="text"/> |
| AMOUNT | <input type="text"/> CONTACT HOURS <input type="checkbox"/> Free with Individual Membership |
| MEMBER # | <input type="text"/> <input type="checkbox"/> \$20 All Others |

Additional Registration Comments (Optional)

Please send both registration pages to process all attendees.
If sending more than 7 employees, make copies of the second page as needed.

Have Questions? Please contact our Registration Specialist at 909.291.2117