

# Operator Symposium 2018

March 27 - 28, 2018

Crowne Plaze Hotel

Burlingame, CA

American Water Works Association  
**California-Nevada** Section



CA-NV AWWA would like to invite you to the Operator Symposium 2018.

- Over 30 Technical sessions focused on topics relevant to operators.
- Earn up to a maximum of 12 contact hours towards your certification.
- Top Ops Challenge, Hot Flare, Pipe Tapping, Hydrant Hysteria and Meter Madness Competitions

Reserve your room by calling 1-877-252-1558 and mention code OSC or Operator Symposium CA-NV Section of AWWA.  
Special room rate is only available for 3/26 and 3/27.

## BULK REGISTRATION FORM Page 1 of 2

Group Coordinator Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Company Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Coordinator Email: \_\_\_\_\_ AWWA Utility# \_\_\_\_\_

### REGISTRATION PRICING

*-includes lunch and contact hours*

#### Members

\$195

#### Non Members

\$245

**TOTAL AMOUNT DUE:** \_\_\_\_\_

### REGISTRATION SUBMISSION

Return this completed form with payment information to  
**CA-NV AWWA**

10435 Ashford Street

Rancho Cucamonga, CA 91730

or fax to (909) 291-2107 or

email to [schickarmane@ca-nv-awwa.org](mailto:schickarmane@ca-nv-awwa.org)

### 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.

Check# \_\_\_\_\_ Payable to CA-NV AWWA (U.S. funds) Purchase Order # \_\_\_\_\_ Must be accompanied by a physical copy of the PO

Credit Card:  VISA  MasterCard  AmEx

Card Number \_\_\_\_\_

Exp. Date \_\_\_\_\_

Name on Card \_\_\_\_\_

Authorized Signature \_\_\_\_\_

Billing Zip Code ( Must be Zip Code in which your credit card statement is mailed) \_\_\_\_\_

For copy of receipt, please write email address: \_\_\_\_\_

Company \_\_\_\_\_

Group Coordinator Name \_\_\_\_\_

# BULK REGISTRATION FORM Page 2 of 2

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Additional Registration Comments (Optional)

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Please send both registration pages to process all attendees.  
If sending more than 8 employees, make copies of the second page as needed.

Have Questions? Please contact our Registration Specialist at 909.291.2117