



Attendee Registration Form

Date: _____ Time: _____

Attendee Name: _____

Title: _____ Company: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____ Fax: _____

Email: _____ AWWA Member #: _____

Type of Membership (please check one): Individual Organization Operator/Admin. Utility

REGISTRATION TRANSFER
<p><input type="checkbox"/> TRANSFER REGISTRATION <i>Please select this option if you were previously registered for the in-person Fall Conference. A credit based on the difference between your previous fee and the current fee will be issued.</i></p> <p>Select Your Credit Option:</p> <p><input type="checkbox"/> BRING A FRIEND <i>In lieu of a refund, transfer registrants may register a guest at no extra cost. Please note name & email below.</i></p> <p><input type="checkbox"/> DONATE CREDIT <i>Select your option to the right and the difference will be donated to the CA-NV AWWA Scholarship fund.</i></p> <p><input type="checkbox"/> REQUEST REFUND <i>Select your option to the right and the difference will be refunded.</i></p> <p>Guest's Name: _____</p> <p>_____</p> <p>Guest's Email: _____</p> <p>_____</p>

Members/Students/Retirees	Early On/Before 9/8/20	PRE On/Before 9/30/20	Onsite On/Before 10/28	Subtotals
<input type="checkbox"/> MONDAY ONLY (Includes Monday's Networking Reception, Tuesday's Chair Reception, Wednesday's YP/WFP Networking Fundraiser and Thursday's Networking Event)	\$10	\$10	\$10	\$10
<input type="checkbox"/> FULL REGISTRATION	\$224	\$275	\$325	\$ _____
<input type="checkbox"/> ONE-DAY REGISTRATION w/complimentary bonus day (Includes Tuesday at no cost) Please select which day you'd like to attend: <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday	\$200	\$250	\$300	\$ _____
<input type="checkbox"/> STUDENT - Must be full time Student/AWWA Student Member <input type="checkbox"/> RETIREE REGISTRATION - Must be: 1) Retired from all gainful employment. 2) A member of AWWA for at least 15 years. 3) At least 60 years of age.	\$5	\$5	\$5	\$5

Non-Members	Early On/Before 9/8/20	PRE On/Before 9/30/20	Onsite On/Before 10/28	Subtotals
<input type="checkbox"/> MONDAY ONLY (Includes Monday's Networking Reception, Tuesday's Chair Reception, Wednesday's YP/WFP Networking Fundraiser and Thursday's Networking Event)	\$10	\$10	\$10	\$10
<input type="checkbox"/> FULL REGISTRATION	\$325	\$375	\$425	\$ _____
<input type="checkbox"/> ONE-DAY REGISTRATION w/complimentary bonus day (Includes Tuesday at no cost) Please select which day you'd like to attend: <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday	\$300	\$350	\$400	\$ _____
<input type="checkbox"/> STUDENT - Must be full time Student/AWWA Student Member <input type="checkbox"/> RETIREE REGISTRATION - Must be: 1) Retired from all gainful employment. 2) A member of AWWA for at least 15 years. 3) At least 60 years of age.	\$5	\$5	\$5	\$5

CONTACT HOURS (REQUIRED)
<input type="checkbox"/> FREE (I am an individual, operator or administrative AWWA member) <input type="checkbox"/> \$25 (My utility/organization is an AWWA member OR I am not an AWWA member) <input type="checkbox"/> DOES NOT APPLY (I will not be requesting contact hours)
Subtotal \$ _____

PAYMENT METHOD
Check # _____ Payable to CA-NV Section AWWA (U.S. Funds)
PO# _____
Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> AMEX
Card No.: _____
Exp. Date: _____ CVV: _____
Name on Card: _____
Authorized Signature: _____
Billing Zip Code: _____ <i>Must be Zip Code in which your credit card statement is mailed</i>
Email (to receive a receipt): _____

PAYMENT INFORMATION
Registration Total: _____
Contact Hours: _____
Total Amount Due: _____

Refund requests must be submitted in writing to the Section office by October 16, 2020. A 25% administrative fee will be deducted from all refunds. **No Refunds Granted after October 16, 2020.** By submitting this form, you are consenting to having your photo/video taken at the event which may be used for future Section promotions. To opt-out email info@ca-nv-awwa.org.

CA-NV Section, AWWA
 10435 Ashford Street, 2nd Floor, Rancho Cucamonga, CA 91730
 Phone: (909) 481-7200 / Fax: (909) 291-2107 / www.ca-nv-awwa.org

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