Registration Form

AWWA Member No. ___________________________  □ Individual  □ Organization

First Name (FOR BADGE) ___________________________ M.I. ___________________ Last Name ___________________________

Title ___________________________

Company or Organization ___________________________

Mailing Address ___________________________

City ___________________________ State/Prov. ___________________________ Country ___________________________ ZIP/Postal Code

Telephone ___________________________ Fax ___________________________

Email ___________________________

☐ Check here if you require special accommodations to fully participate. AWWA will contact you for specifications.

REGISTRATION Check the items below for which you are registering.

<table>
<thead>
<tr>
<th></th>
<th>Registering on or before 1/17/20</th>
<th>Registering after 1/17/20</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Potable Reuse and Biological Treatment Full Conference</td>
<td>$620</td>
<td>$805</td>
</tr>
<tr>
<td>AD. Biological Treatment Full Conference</td>
<td>$520</td>
<td>$705</td>
</tr>
<tr>
<td>H. Student</td>
<td>$35</td>
<td>$35</td>
</tr>
<tr>
<td>P. Speaker Potable Reuse and Biological Treatment</td>
<td>$570</td>
<td>$755</td>
</tr>
<tr>
<td>PD. Speaker Biological Treatment</td>
<td>$470</td>
<td>$655</td>
</tr>
<tr>
<td>T1. Gwinnett County Water Resources Tour (CANCELLED)</td>
<td>$105</td>
<td>$105</td>
</tr>
</tbody>
</table>

Total $____  Total $____  Total $____  Total $____

What one business activity best describes your company? (please circle one—Required)

A. Public Water Supply Utility—Municipally Owned
B. Public Water Supply Utility—Investor Owned
C. Government—Federal, State, Local
D. Consulting Firm
E. Contractor
F. Private Industrial Systems or Water Wholesaler
G. Manufacturer of Equipment & Supplies
H. Distributor of Equipment & Supplies
I. Educational Institutions (Faculty & Students)
J. Fully Retired
K. Research Lab, Libraries and other related organizations
L. Public Official
M. Law Office
N. Other (please specify) ___________________________

What one category best describes your job function? (please circle one—Required)

A. Administrative
B. Communications
C. Customer Service
D. Education
E. Engineering
F. Executive
G. Finance
H. Human Resources
I. Information Technology
J. Legal
K. Legislative/Regulatory
L. Management
M. Operations - Operator
N. Operations - Other
O. Public/Elected Official
P. Purchasing
R. Retired
S. Safety
T. Sales & Marketing
U. Scientific/Research
V. Security/Emergency Preparedness
W. Other (please specify) ___________________________

To register, visit awwa.org and submit online or complete this registration form and fax or mail it with full payment or credit card information. FAX: 303.347.0804
AWWA—Biological Treatment
6666 West Quincy Avenue
Denver, CO 80235-3098
Questions? Call 1.800.926.7337
What one category best describes your field served/principal activity? (please circle only one—*Required*)
A. Potable Water Supply
B. Wastewater
C. Stormwater
D. Reuse
E. Other (please specify) ______________________

Are you a first time attendee? □ YES □ NO
Would you like to be involved with AWWA Committees? □ YES □ NO □ CURRENTLY INVOLVED

<table>
<thead>
<tr>
<th>Total/Method of Payment</th>
<th>AWWA Federal TaxID# 13-5660277</th>
<th>TOTAL AMOUNT DUE: $ __________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Government PO □ Check □ American Express □ Discover □ MasterCard □ Visa</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Card #: ____________________________ Security Code: ____________________________</td>
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<tr>
<td>Exp. Date: ____________________________ Signature: ____________________________</td>
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</tr>
</tbody>
</table>

Fax this form to 303.347.0804
Cancellation Policy: Cancellations must be received in writing, faxed, or emailed to AWWA. Phone cancellations are not accepted. All cancellations postmarked/fax-dated by 1/17/20 will receive a refund, minus a 25% administrative fee. Beginning on 1/17/20, cancellations will not be refunded; however, substitute registrants are welcome. Email requests for substitutions or cancellations to service@awwa.org or fax to 303.347.0804.

*This form is not valid for on-site registration.*