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>☐ AB. Potable Reuse 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>☐ PB. Speaker Potable Reuse</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>
<tr>
<td></td>
<td>Total $105</td>
<td>$105</td>
</tr>
</tbody>
</table>

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
Q. Quality Assurance/Inspections
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) ____________________________
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

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.