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 ___________________________ Email ___________________________

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

Registration

Check the items below for which you are registering.

<table>
<thead>
<tr>
<th>Technical Sessions</th>
<th>Registering on or before 3/20/2020</th>
<th>Registering on or after 3/20/2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ A Full-Conference (does not include workshops; does include Monday lunch and reception)</td>
<td>$620</td>
<td>$805</td>
</tr>
<tr>
<td>☐ B Monday (includes Monday lunch and reception)</td>
<td>$395</td>
<td>$580</td>
</tr>
<tr>
<td>☐ C Tuesday/Wednesday</td>
<td>$395</td>
<td>$580</td>
</tr>
<tr>
<td>☐ H Student (same as Full-Conference)</td>
<td>$35</td>
<td>$50</td>
</tr>
<tr>
<td>☐ P Speaker (same as Full-Conference)</td>
<td>$370</td>
<td>$555</td>
</tr>
</tbody>
</table>

Pre-conference Workshops

☐ PCW01—Benefit-Cost Analysis Workshop (Half-day AM) | $95 | $195 |

☐ PCW02—GIS-Centric Operations: Effective Service Delivery (Cancelled) | $95 | $195 |

Tour

☐ T1—Hitting Home Runs, Scoring Goals and Saving Water (Cancelled) | $55 | $55 |

Total $______ $______ $______ $______

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

A. Public Water Supply Utility—Municipal
B. Public Water Supply Utility—Investor
C. Government
D. Consulting Firm
E. Contractor
F. Private Industrial Systems or Water Wholesaler
G. Manufacturer of Equipment
H. Distributor of Equipment & Supplies
I. Educational Institutions
J. Fully Retired
K. Research Lab
L. Public Official
M. Law Office
N. Other (please specify)

What one category best describes your job function? (please circle only 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
Q. Quality Assurance/Inspection
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

Are you a first-time conference attendee?  (Required) □ Yes □ No

Would you like to be involved with AWWA Committees? □ Yes □ No, thanks □ Currently involved

Total/Method of Payment: AWWA Federal Tax ID# 13-5660277

☐ Government PO ☐ Check ☐ American Express ☐ MasterCard ☐ Discover ☐ Visa

Exp. Date: ___________

Card #: ___________________________ Signature: ___________________________

By registering for this event, your contact information may be shared with sponsors.

Fax this form to 303.347.0804

Cancellation Policy: Cancellations must be received in writing, on company letterhead, and faxed or mailed to AWWA. Phone cancellations are not accepted. All cancellations postmarked/fax-dated by 3/6/2020 will receive a refund, minus a 25% administrative fee. Beginning on 3/6/2020, cancellations will not be refunded; however, substitute registrants are welcome. Fax requests for substitutions or cancellations to 303.347.0804 or email service@awwa.org. This form is not valid for on-site registration.