



INTERNATIONAL SYMPOSIUM: POTABLE REUSE & BIOLOGICAL TREATMENT

January 22-25, 2018 | Austin, TX

To register, visit awwa.org/potable 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—Symposium

6666 West Quincy Avenue

Denver, CO 80235-3098

Questions? Call 1.800.926.7337

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 _____
 Name of Registered Spouse/Guest (extra cost) _____

Check here if you require special ADA accommodations to fully participate. AWWA will contact you within five (5) business days.

REGISTRATION Check the items below for which you are registering.

	Registering on or before 12/8/17		Registering on or after 12/9/17	
	Member	Nonmember	Member	Nonmember
<input type="checkbox"/> A. Potable Reuse and Biological Treatment Full Conference (includes Monday and Wednesday lunches and receptions).....	\$595	\$795	\$795	\$995
<input type="checkbox"/> AB. Potable Reuse Full Conference (includes Monday lunch and reception).....	\$495	\$695	\$695	\$895
<input type="checkbox"/> AD. Biological Treatment Full Conference (includes Wednesday lunch and reception).....	\$495	\$695	\$695	\$895
<input type="checkbox"/> B. Monday Only—Potable Reuse (includes lunch and reception).....	\$375	\$575	\$575	\$775
<input type="checkbox"/> C. Tuesday Only—Potable Reuse.....	\$325	\$525	\$525	\$725
<input type="checkbox"/> D. Wednesday Only—Biological Treatment (includes lunch and reception).....	\$375	\$575	\$575	\$775
<input type="checkbox"/> E. Thursday Only—Biological Treatment.....	\$325	\$525	\$525	\$725
<input type="checkbox"/> H. Student (includes full conference).....	\$60	\$90	\$60	\$90
<input type="checkbox"/> PF. Professor (includes full conference).....	\$395	\$595	\$595	\$795
<input type="checkbox"/> P. Speaker Potable Reuse and Biological Treatment (includes full conference).....	\$525	\$525	\$525	\$525
<input type="checkbox"/> PB. Speaker Potable Reuse (includes Potable full conference).....	\$425	\$425	\$425	\$425
<input type="checkbox"/> PD. Speaker Biological Treatment (includes Biological full conference).....	\$425	\$425	\$425	\$425
<input type="checkbox"/> SA. Spouse/Guest (includes admittance to Monday and Wednesday receptions).....	\$35	\$35	\$35	\$35
	Total \$	\$	Total \$	\$

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

- A. Public Water Supply—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), Libraries, and other related organizations
- J. Fully Retired
- K. Research Lab
- L. Other (please specify _____)

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

- A. Executive (General Manager, Commissioner, Board member, City Manager, Municipal Superintendent, Mayor, President, Vice President, Owner, Partner, Director, etc.)
- B. Management/Non-Engineering (Division Head, Section Head, Manager, Department Head, Comptroller, etc.)
- C. Design and Engineering/Both Managerial and Non-Managerial (Chief Engineer, Civil, Mechanical, Electrical, Environmental, or Field Engineer, Planning Manager, System Designer, etc.)
- D. Scientific/Non-Managerial (Chemist, Biologist, Biophysicist, Researcher, Analyst, etc.)
- E. Professorial (Educator, Teacher, etc.)
- F. Other (please specify _____)

What one category best describes your field served/principal activity? (please circle only one—Required)

- A. Both Water Supply & Wastewater
- B. Water Supply Only
- C. Wastewater Only
- D. Other (please specify _____)

Are you a first time attendee? ___YES___NO **Would you like to be involved with AWWA Committees?** YES NO

Total/Method of Payment: AWWA Federal Tax ID# 13-5660277 TOTAL AMOUNT DUE: \$ _____
 _____ Government PO Check American Express Discover MasterCard Visa
 Card #: _____ Exp. Date: _____ CVV: _____
 Signature: _____

Fax this form to 303.347.0804

Cancellation Policy: No refunds will be granted for canceling. However, substitute registrants are welcome. Fax requests for substitutions or cancellations to 303.347.0804.