



WATER QUALITY Technology Conference

November 11-15, 2018 | Sheraton Centre Toronto Hotel, Toronto, Ontario

At least three students and one professor **MUST** complete this form and fax or mail all forms at the same time with full payment.

Fax: 303.347.0804
6666 West Quincy Avenue Denver, CO 80235-3098
Questions? Call 1.800.926.7337

Professor/Student Offer - Special Registration Form

Each participating student and professor must complete this form and fax in a single batch.

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 _____

Name of Registered Spouse/Guest (extra cost) _____

Check here if you require special 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 10/12/2018		Registering on or after 10/13/2018	
	Member	Nonmember	Member	Nonmember

Technical Sessions and Exposition

H Student (includes full conference)\$35\$35\$35\$35

PFS**Professor/Student Registration Offer**

No charge: Professor brings three paid students and receives free full conference registration. Each student registrant MUST complete this form and fax at the same time to Customer Service at 303.347.0804. Not available online or onsite. May not be combined with any other discount.

Pre-conference Workshops

<input type="checkbox"/> PCW01 Probing Algae Blooms: Advanced Techniques in Monitoring and Treating Cyanobacteria and Cyanotoxins	\$275	\$375	\$375	\$475
<input type="checkbox"/> PCW02 Implementing Drinking Water Biofiltration in Cold Weather Conditions	\$195	\$295	\$295	\$395
<input type="checkbox"/> PCW02H (Student) Implementing Drinking Water Biofiltration in Cold Weather Conditions	\$75	\$75	\$75	\$75
<input type="checkbox"/> PCW03 Building Water Safety Plans & Why They're Needed: the Role of Public Water Suppliers	\$110	\$210	\$210	\$310
<input type="checkbox"/> PCW03H(Student) Building Water Safety Plans & Why They're Needed: the Role of Public Water Suppliers (Classroom Portion Only)	\$75	\$75	\$75	\$75
<input type="checkbox"/> PCW04 Hands-on Building Water Management Planning (In-Facility Portion Only)	\$150	\$250	\$250	\$350
<input type="checkbox"/> PCW05 Combo of Both SUN03 and SUN04 (Both Portions)	\$225	\$325	\$325	\$425

Technical Facility Tours

<input type="checkbox"/> T1 DeCew Falls WTP & Niagara Falls (Including "Journey Behind the Falls" and lunch)	\$95	\$95	\$95	\$95
<input type="checkbox"/> T2 R.C. Harris WTP and Western Beaches CSO Facility	\$55	\$55	\$55	\$55
<input type="checkbox"/> T3 Island WTP, John Street Pumping Station and Enwave (includes ferry ticket)	\$60	\$60	\$60	\$60
<input type="checkbox"/> T4 Peel Region Water Treatment Plant	\$55	\$55	\$55	\$55

Additional Options

<input type="checkbox"/> Z15 First Time Attendee Program	\$0	\$0	\$0	\$0
<input type="checkbox"/> Z20 Young Professionals Networking Event	\$0	\$0	\$0	\$0
<input type="checkbox"/> SA Spouse/Guest (includes exhibits access for a non-industry guest--no meals)	\$35	\$35	\$35	\$35

Total\$.....\$.....\$.....\$.....

Continued on reverse

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

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

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

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

What one category best describes your field served/principal activity? (Select all that apply—Required)

- | | | |
|--------------------------------|----------------------|---|
| A. Potable Water Supply | C. Stormwater | E. Other (please specify)
_____ |
| B. Wastewater | D. Reuse | |

Which one of the following best describes your responsibility for purchasing decisions? (please circle only one—Required)

- | | | |
|--|---|---|
| A. I have sole responsibility | C. I share a responsibility | E. Other (please specify)
_____ |
| B. I provide input to decision makers | D. I do not provide input or make purchasing decisions | |

What type of products or services are you coming to our Exhibit Hall to see? (Select all that apply—Required)

- | | | |
|--|--|---|
| A. Aquifer/Watershed | L. GIS | W. Monitoring/Equipment |
| B. Aerators/Equipment | M. Groundwater | X. Parts/Tools |
| C. Biosolids Handling | N. Hazardous Waste | Y. Pipe/Equipment |
| D. Certification | O. Hydrants | Z. Pumps |
| E. Chemicals/Equipment | P. Instrumentation | AA. Safety/Equipment |
| F. Conservation | Q. Laboratory Services/Equipment | BB. Software |
| G. Contractors | R. Leak/Backflow Prevention | CC. Tanks/Equipment |
| H. Corrosion | S. Management/Consultant Services | DD. Valves/Gates |
| I. Distribution System Analysis/Equipment | T. Membrane Systems/Equipment | EE. Water/Wastewater Treatment Equipment |
| J. Filter Equipment Material | U. Meters/Flowmeters | FF. Well Design/Equipment |
| K. Gas Detection/Equipment | V. Modeling | GG. None of the above |
| | | HH. Other (please specify):
_____ |

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

TOTAL AMOUNT DUE: \$ _____

Government PO Check American Express MasterCard Discover Visa

Card #: _____ Exp. Date: _____ Security Code: _____

Signature: _____

By registering for this event, your contact information may be shared with exhibitors and/or sponsors.

Fax this form to 303.347.0804

Cancellation Policy: Cancellations or substitutions 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 10/12/2018 will receive a refund, minus a 25% administrative fee. Beginning on 10/13/2018, cancellations will not be refunded; however, substitute registrants are welcome, if pre-approved in writing. Fax requests for substitutions or cancellations to 303.347.0804 or email service@awwa.org
This form is not valid for on-site registration or Exhibitor registration.