



# WATER QUALITY Technology Conference

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

**To register, visit [awwa.org/wqtc](http://awwa.org/wqtc)**  
 and submit online or complete this registration form and  
 fax or mail it with full payment or credit card information.  
 Fax: 303.347.0804  
 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 \_\_\_\_\_ 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
<b>Technical Sessions and Exposition</b>				
<input type="checkbox"/> <b>A</b> Full Conference (includes lunches and reception, does not include workshops) .....	\$665	\$845	\$845	\$945
<input type="checkbox"/> <b>B</b> Monday Only (includes Monday lunch and reception) .....	\$405	\$590	\$590	\$695
<input type="checkbox"/> <b>C</b> Tuesday Only (includes Tuesday lunch) .....	\$360	\$545	\$545	\$645
<input type="checkbox"/> <b>D</b> Wednesday Only .....	\$330	\$515	\$515	\$615
<input type="checkbox"/> <b>G</b> Exhibits Only (includes receptions—non-booth staff) .....	\$60	\$90	\$90	\$90
<input type="checkbox"/> <b>H</b> Student (includes full conference) .....	\$35	\$35	\$35	\$35
<input type="checkbox"/> <b>P</b> Speaker (40% discount off full conference) .....	\$400	\$400	\$400	\$400

## Pre-conference Workshops

<input type="checkbox"/> <b>PCW01</b> Probing Algae Blooms: Advanced Techniques in Monitoring and Treating Cyanobacteria and Cyanotoxins .....	\$275	\$375	\$375	\$475
<input type="checkbox"/> <b>PCW02</b> Implementing Drinking Water Biofiltration in Cold Weather Conditions .....	\$195	\$295	\$295	\$395
<input type="checkbox"/> <b>PCW02H</b> (Student) Implementing Drinking Water Biofiltration in Cold Weather Conditions .....	\$75	\$75	\$75	\$75
<input type="checkbox"/> <b>PCW03</b> Building Water Safety Plans & Why They're Needed: the Role of Public Water Suppliers .....	\$110	\$210	\$210	\$310
<input type="checkbox"/> <b>PCW03H(Student)</b> Building Water Safety Plans & Why They're Needed: the Role of Public Water Suppliers (Classroom Portion Only) .....	\$75	\$75	\$75	\$75

## Technical Facility Tours

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

## Additional Options

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

Continued on reverse

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

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

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

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

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

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

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

- |  |   |   |
|--|---|---|
| <b>A.</b> I have sole responsibility         | <b>C.</b> I share a responsibility                            | <b>E.</b> Other (please specify)<br>_____ |
| <b>B.</b> I provide input to decision makers | <b>D.</b> 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)

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

**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: \_\_\_\_\_

Signature: \_\_\_\_\_ Security Code: \_\_\_\_\_

*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.**