

# Registration Form

## 1 PLEASE CHECK YOUR MEMBER TYPE

Member  Non-Member

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Last Name \_\_\_\_\_ Suffix \_\_\_\_\_

Name on badge \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_  
*Confirmations & meeting notices will be sent to this email address*

Emergency Contact Name & Telephone \_\_\_\_\_

### Special Accommodations/Meals Requested

Vegetarian  Kosher  Low sodium  Low fat  
 Other \_\_\_\_\_

## 2 FULL CONVENTION REGISTRATION

	Early Registration (prior to 6/12/09)	Regular Registration (after 6/12/09)
Member	<input type="checkbox"/> \$485	<input type="checkbox"/> \$600
Non-Member	<input type="checkbox"/> \$695	<input type="checkbox"/> \$850

### Full Convention Registration includes:

- Continental breakfast each day
- One presentation CD
- Admittance into all educational sessions
- Admittance into the Exposition
- One ticket to the Annual Reception and Awards Dinner

Yes, I will attend the Membrane System Design Seminar on  
 Wednesday August 26, 2009 12:00 pm–4:00 pm.

### Please check below if you plan on attending the Annual Reception and Awards Dinner

Yes, I will attend the Annual Reception and Awards Dinner,  
 Friday, August 28, 2009 6:30 pm–10:30 pm (1 ticket is  
 included with full registration).

## 3 PARTIAL CONVENTION REGISTRATION

Member	<input type="checkbox"/> \$200 One-Day Pass
Non-Member	<input type="checkbox"/> \$300 One-Day Pass

### Please indicate day choice

Wed 8/26/09  Thurs 8/27/09  Fri 8/28/09  Sat 8/29/09

### One-Day pass includes:

- Continental breakfast each day
- One presentation CD
- Admittance into all educational sessions for that particular day
- Admittance into the Exposition for that particular day

**If you wish to purchase a ticket to attend the Annual Reception and Awards Dinner, please check below and add the fee to your registration total.**

Yes, I will attend the Annual Reception and Awards Dinner  
 Friday, August 28, 2009 6:30 pm – 10:30 pm

# \_\_\_\_\_ @ \$80 /ticket = \$ \_\_\_\_\_

## 4 ADDITIONAL TICKETS-AWARDS DINNER

*Full Convention & Spouse/Guest Registration each include one Awards Dinner ticket*

Annual Reception and Awards Dinner Friday, August 28, 2009  
 6:30 pm - 10:30 pm

# \_\_\_\_\_ @ \$80 /ticket = \$ \_\_\_\_\_

Name on Badge for additional attendee(s) \_\_\_\_\_

## 5 GOLF TOURNAMENT REGISTRATION

Golf registration includes a full breakfast, lunch and eligibility for several prizes.

Member	<input type="checkbox"/> \$140/player
Non-Member	<input type="checkbox"/> \$175/player

Mulligan(s) \_\_\_\_\_ \$20 each x \_\_\_\_\_ (max. 2) = \$ \_\_\_\_\_

Handicap or Average Score \_\_\_\_\_

**You must submit your handicap or an average score to participate.**

If you need to rent clubs, please contact The Diplomat Golf Resort and Spa at (954) 883-4000. Club rentals are \$60 plus tax. In order to guarantee club rentals, be sure to contact the Diplomat two weeks prior to the golf outing.

## 6 SPOUSE/GUEST REGISTRATION

Early Registration (received on or before 6/12/09)  \$280

Regular Registration (received after 6/12/09)  \$295

### Spouse/Guest Registration includes:

- Three Tours
- Admittance into the Exposition
- Admittance to the Opening General Session
- One ticket to the Annual Reception and Awards Dinner

Spouse/Guest Name \_\_\_\_\_

Spouse/Guest Email \_\_\_\_\_

Spouse/Guest Name on Badge \_\_\_\_\_

Yes, I will attend the Annual Reception and Awards Dinner,  
 Friday, August 28, 2009 6:30 pm – 10:30 pm.

Yes, I will attend the Water Treatment 201 Session and Facility  
 Tour, Saturday, August 29, 2009 8:30 am – 10:00 am.

I am interested in finding out more about the jewelry making class.

## 7 PAYMENT INFORMATION

Total Payment \_\_\_\_\_ \$

Check enclosed (made payable to AWT) Check # \_\_\_\_\_

### Credit Card

Visa  MasterCard  American Express

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ Billing Address Zip Code \_\_\_\_\_

Signature \_\_\_\_\_

### Payment Options

Email to: Angela Pike, Member Services Manager  
 apike@awt.org

Fax to: AWT (301) 990-9771

Mail payment to: Association of Water Technologies  
 9707 Key West Avenue, Suite 100  
 Rockville, MD 20850

### Cancellation Policy

All cancellations must be in writing and are subject to a \$50 processing fee. No refunds will be made after Friday, August 7, 2009.