

**AWWA NJ FALL MEETING REGISTRATION FORM -- 2009**  
**To register, please complete this form and return it with your payment –**  
**or register ONLINE at [www.njawwa.org](http://www.njawwa.org)**

**1. YOUR INFORMATION (one form per registrant, please)**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 AWWA Membership Number\*: \_\_\_\_\_  
 Utility/Company Name: \_\_\_\_\_  
 Utility/Company Mailing Address: \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_  
 Bus. Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_

*\* Please include your AWWA Membership Number. If you do not know your number, or are not sure you are a member, please contact AWWA NJ at 866-436-1120.*

**2. Please select your registration category:**

Check here	Registration Category	Members	NonMembers
___	Seminar Only ( <i>breakfast, morning seminar, luncheon, afternoon seminar, reception</i> )	\$85	\$110
___	Full/Golf Registration ( <i>includes all activities &amp; meals: from breakfast to reception, including golf – choose 18-holes or 9-holes+instruction below</i> )	\$185	\$210
___	*Hole Sponsorship (Basic=\$75; Premium=\$150; Beverage Cart=\$750)	\$ _____	\$ _____
	<b>TOTAL Registration/Sponsorship Amount</b>	\$ _____	\$ _____

Please check all that apply regarding golf:

**Please circle your choice: 18-holes OR 9-holes+instruction**

- \_\_\_ I plan to play golf, and I already have a foursome (enter names at right)  
 \_\_\_ I am paying for all players in the foursome  
 \_\_\_ I plan to play golf, but do not have a foursome

Please indicate names of the players in your foursome:

1. \_\_\_\_\_  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_  
 4. \_\_\_\_\_

**3. PAYMENT**

**In order to process your registration, we must receive this completed form and your payment no later than September 4, 2009**

**TOTAL Fees (from section 2) \$ \_\_\_\_\_**

- \_\_\_ Enclosed is my check or money order payable to AWWA NJ  
 \_\_\_ Attached is a purchase order for the above registration  
 \_\_\_ My credit card information is provided below

Please send this completed form and your payment by September 4 to:

AWWA NJ  
 38 East Ridgewood Ave, PMB 183  
 Ridgewood, NJ 07450

**Ph: 866-436-1120**  
**Register ONLINE at [www.njawwa.org](http://www.njawwa.org)**  
**No Faxes Accepted**

Please circle one: MC    VISA    AMEX  Card Number: _____  Name on card: _____  Exp date: ___/___    Security Code: _____ (3-dig./4-dig. on Amex)  Billing Address, incl Zip Code: _____  Signature: _____
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<b>Cancellation policy: In order to receive a refund, your cancellation MUST be received – in writing – no less than 3 business days prior to the event.</b>
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For staff use only: Date received: _____ Payment received: _____ PO/Check#: _____ Invoice#: _____
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*\* For Complete Sponsorship Details & Opportunities, see the AWWA NJ Sponsorship Brochure*