

AWWA NJ FALL MEETING REGISTRATION FORM -- 2010
To register, please complete this form and return it with your payment –
or register ONLINE at 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 (breakfast, morning seminar, awards luncheon, afternoon seminar, pizza party with Student Affairs Committee and Kean students)	\$40	\$65
___	Golf Only (includes 18-holes of golf and post-golf reception; lunch not included)	\$115	\$115
___	FULL Registration (includes <u>all</u> activities & meals: from breakfast to reception, including golf)	\$140	\$165
___	**Hole Sponsorship (Basic=\$75; Premium=\$150); Beverage Cart Sponsorship =\$750	\$ _____	\$ _____
	TOTAL Registration/Sponsorship Amount	\$ _____	\$ _____

Please check all that apply regarding golf:
 ___ 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 5, 2010

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 5 to:

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

Ph: 866-436-1120
Register ONLINE at 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: _____

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.

For staff use only:
 Date received: _____
 Payment received: _____
 PO/Check#: _____
 Invoice#: _____

* For Compl etc Spons

* TCH approval pending at time of printing
 ** For additional Sponsorship Details & Opportunities, see the AWWA NJ Sponsorship Brochure