

NRTC 2014 Northern Regional Training Conference SEPTEMBER 9-11, 2014

Register online at www.cwea.org/conferences

PLEASE PRINT OR TYPE ALL INFORMATION CLEARLY

NAME: _____
 NAME FOR BADGE: _____ TITLE: _____
 AGENCY/COMPANY: _____
 STREET ADDRESS: _____
 CITY: _____ STATE: _____ ZIP: _____
 PHONE NUMBER: _____ FAX NUMBER: _____
 E-MAIL: _____
 EMERGENCY CONTACT: _____

Special Services: _____ Please check here if you require special accommodations to fully participate. Attach a written description of your needs.

Please provide 30 days prior notice to allow time to process and accommodate requests.

Regular Conference Rate includes one-year membership with CWEA. Please check here if you do **not** wish to take advantage of CWEA Membership: _____

	Early Bird Registration (Deadline: Mon. Aug. 18, 2014)		Registration after August 18, 2014		
	Member Rate	Regular Rate	Member Rate	Regular Rate	AMOUNT
PRE-CONFERENCE WORKSHOPS (September 9, 2014)					
Pumps, Valves, and Digester Gas Accessories Workshop	____ \$99	____ \$255	____ \$129	____ \$285	\$ _____
21st Century Leadership Workshop	____ \$99	____ \$255	____ \$129	____ \$285	\$ _____
TECHNICAL TOUR (Tuesday, September 9, 2014)					
Anheuser-Busch Brewery and Fairfield Suisun Sewer District (Must be purchased with full or one day conference attendance)	____ \$85		____ \$85		\$ _____
FULL/CONFERENCE ATTENDANCE (September 9-11, 2014)					
Conference Only	____ \$215	____ \$371	____ \$245	____ \$401	\$ _____
ONE DAY ATTENDANCE (circle which day)					
Wednesday, September 10, 2014	____ \$160	____ \$316	____ \$190	____ \$346	\$ _____
Thursday, September 11, 2014	____ \$160	____ \$316	____ \$190	____ \$346	\$ _____
STUDENT (taking minimum of 9 units) (Attach proof of current enrollment to this registration form)		____ \$0		____ \$0	
School Name: _____					

TOTAL REGISTRATION FEES INCLUDED \$ _____

For payment by Check or Money Order, make check payable to: **CWEA 2014 NRTC**

For payment with Purchase Order, a Purchase Order issued to **CWEA 2014 NRTC** must be submitted with this registration form.

For payment by Credit Card, please indicate: _____VISA _____MASTERCARD _____DISCOVER _____AMERICAN EXPRESS

Credit Card number: _____ Expiration: _____ Billing Zip Code: _____

Name on Card: _____ Signature: _____

MAIL OR FAX COMPLETED REGISTRATION FORM TO: CWEA, 7677 Oakport Street, Suite 600; Oakland, CA 94621

Phone: 510-382-7800 x 125 • Fax: 510-382-7810 • E-mail: conferences2@cwea.org

REGISTRATION ONLINE: www.cwea.org/conferences