



REGISTRATION FORM

First Name:	Name: MI:			
Agency/ Company:		Department	t/ Section:	
Mailing Address:				
City:		State:Zip/ Posta	l Code:	
Phone Number		Email		
Emergency Contact	emergency Phone			
Special Service: Attach a written de		ck here if you require special accommodatio /our needs.	ons to fully participate.	
To receive CWEA Membersh	ip or Student D A member to qu	iscount, please provide your membership numb ualify for the membership discount fees. For info	er (WEF or CWEA) or full time student I.D.	
I am a WEF or CWEA member. My mem		bership number is :Expiration Date:		
	<u>Member</u>	Non-Member	Full Time Student	
Pre-Registration cost:	\$30.00	\$50.00	\$5.00	
At-the-Door Cost:	\$35.00	\$55.00	\$5.00	
Name of Credit Card Holder: Email:		complete information below. An invoice wil	phone:	
Address:			Zip Code:	
Send Registration & Check Payable to " <u>CWEA</u> <u>Tri-Counties Section</u> " by Friday, June 24, 2022 Attn: Jacob Broad Carpinteria Sanitary District 5300 Sixth Street Carpinteria, CA 93013 Work: 805.684.7214 JacobB@Carpsan.Com		<u>Directions</u> From 101 North/South: Exit onto CA-33 North Take ramp Right and follow signs to Canada Larga Rd Turn Right onto North Ventura Avenue	Oak View Casitas Springs 6363 N Ventura Ave, Dulan 33 101 Ventura 101 101 101 101 101 101 101 101 101 10	

Need assistance? Contact our CWEA Tri-Counties Section Board of Directors or Committee Chairs <u>cwea.org/TriCounties</u>

.....