

February 14-15, 2018

# WINTER CONFERENCE

ATTENDEE Pre-Registration



## REGISTRANT INFORMATION

PRE-REGISTRATION CLOSING JANUARY 22, 2018

COMPANY \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_ OFFICE ( ) \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ FAX ( ) \_\_\_\_\_

TOWN/CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

E-MAIL \_\_\_\_\_

## REGISTRATION OPTIONS

Only individuals listed on your company VWWA membership are entitled to pay reduced member registration fees.

QTY \$ VALUE

**OPTION 1 - FULL REGISTRATION**  
 MEMBER \$135.00 PER PERSON *INCLUDES FULL ACCESS TO CLASSES, TRADE SHOW, & MEALS.*  
 NON-MEMBER \$185.00 PER PERSON *DOES NOT INCLUDE ADMITTANCE TO BANQUET DINNER & AUCTION OR BASIC FIRST AID.*

**OPTION 2 - SINGLE DAY**  
 MEMBER \$100.00  
 NON-MEMBER \$130.00

WEDNESDAY ONLY *( DOES NOT INCLUDE ACCESS TO BANQUET DINNER )*  
*INCLUDES LUNCH, CLASSES & TRADE SHOW ACCESS*

THURSDAY ONLY *( DOES NOT INCLUDE ACCESS TO BASIC FIRST AID )*  
*INCLUDES LUNCH, CLASSES & TRADE SHOW ACCESS*

**\*BANQUET DINNER & RECEPTION TICKETS @ \$35.00 EACH**  
*\*WE ARE REQUIRING SEPARATE REGISTRATION FOR THE BANQUET DINNER AND AUCTION TO ENSURE ENOUGH SEATING. PLEASE QUANTIFY THOSE ATTENDING THE BANQUET AND LIST A 'B' BESIDE THEIR BADGE NAME LISTED BELOW.*

**CPR/AED & BASIC FIRST AID COURSE \$30** PREREGISTRATION REQUIRED  
 THURSDAY (2/15) 1:00 PM - 5:00 PM

SPOUSE/STUDENT - LUNCH TICKET @ \$20.00 EACH (No education credits; NON CEU)

## SPONSORSHIP OPTIONS

 Sponsorships are acknowledged in print pieces, signage, website, meetings, etc., according to level.

BRONZE ≤ \$200    SILVER ≤ \$500    GOLD ≤ \$1,000    PLATINUM ≤ \$2,500    DIAMOND > \$2,500

Pre-Registration closes on JANUARY 22, 2018. Onsite fees will increase \$20.00 per person.

Total(s)  BADGES  \$

## BADGE REGISTRANT NAMES

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## HOTEL INFORMATION

 Please contact the hotel directly, to arrange your stay.

	<b>\$119</b> + tax	1021 Koger Center Blvd Richmond, VA 23235
	Code: VWWA (804) 379-3800	www.DoubleTree3.hilton.com Rate Expires: 1/22/2018

## PAYMENT INFORMATION

Please mail form with payment to:

**VWWA**  
**P.O. Box 1170**  
**Powhatan, VA 23139**

Total Payment \$

Check #

Credit Card



Company Card?

Cardholder name (as appears on card) \_\_\_\_\_

Card # \_\_\_\_\_ SEC. Code: \_\_\_\_\_ Exp Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature: \_\_\_\_\_

Please make checks payable to VWWA - return check fee \$36.

**Refund Policy:** Written notification required before JANUARY 22, 2018 for a refund less a \$36.00 fee.

Q u e s t i o n s ?  
 VWWA Office (804) 387-8395 Fax (804) 302-7978  
 info@vawaterwellassociation.org