



**THE VWVA
WINTER CONFERENCE**

February 19-20, 2020 | vawaterwellassociation.org/winterconference

**ATTENDEE
REGISTRATION**

REGISTRANT INFORMATION

PRE-REGISTRATION CLOSING FEBRUARY 7, 2020

COMPANY _____

CONTACT PERSON _____ OFFICE () _____

MAILING ADDRESS _____ FAX () _____

TOWN/CITY _____ STATE _____ ZIP _____

E-MAIL _____

REGISTRATION OPTIONS

Only individuals listed on your company VWVA membership are entitled to pay reduced member registration fees.	QTY	\$ VALUE
<input type="checkbox"/> OPTION 1 - CONTRACTOR REGISTRATION <input type="checkbox"/> NONMEMBER \$200.00 PER PERSON <input type="checkbox"/> MEMBER \$150.00 PER PERSON <i>INCLUDES FULL ACCESS TO CLASSES, TRADE SHOW, & MEALS BOTH DAYS - PLUS BANQUET</i>		
<input type="checkbox"/> OPTION 2 - ASSOCIATE REGISTRATION <input type="checkbox"/> NONMEMBER \$125.00 PER PERSON <input type="checkbox"/> MEMBER \$100.00 PER PERSON <small>LICENSED ONSITE SOIL EVALUATORS . REALTORS HEALTH DEPARTMENT SANITARIANS</small> <i>INCLUDES FULL ACCESS TO CLASSES, TRADE SHOW, & MEALS BOTH DAYS - PLUS BANQUET</i>		
<input type="checkbox"/> OPTION 3 - TRADE SHOW ONLY NO EDUCATION \$80.00 <i>INCLUDES MEALS BOTH DAYS PLUS BANQUET NO AUDITING OF CLASSES PERMITTED</i>		
<input type="checkbox"/> ADDITIONAL DINNER BANQUET TICKETS \$40.00 PER PERSON		
<input type="checkbox"/> CHILD FREE Must be under 16 years of age and not a company employee (NO education credits; NO CEU)		
SPONSORSHIP OPTIONS Sponsorships are acknowledged in print pieces, signage, website, meetings, etc., according to level.		
<input type="checkbox"/> BRONZE ≤ \$200 <input type="checkbox"/> SILVER ≤ \$500 <input type="checkbox"/> GOLD ≤ \$1,000 <input type="checkbox"/> PLATINUM ≤ \$2,500 <input type="checkbox"/> DIAMOND > \$2,500		

Pre-Registration closes on FEBRUARY 10, 2020. Onsite fees will increase \$20.00 per person.

Total(s)	BADGES	\$
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BADGE REGISTRANT NAMES

PAYMENT INFORMATION

Please mail form with payment to:

**VWVA
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 VWVA - return check fee \$36.

Refund Policy: Written notification required before JANUARY 28, 2019 for a refund less a \$50.00 fee. No refund permitted thereafter.

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