

MI-AWWA 2019 TRAINING REGISTRATION FORM

Course Date _____ Course Name _____ Course Location _____

First Name _____

Last Name _____

Organization _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Operator ID _____

*Email _____ AWWA Member Number _____

** Pre-event information is only sent via email.*

(Required to receive member discount)

Please check this box if you would like to receive exhibit or sponsoring company materials via email.

Registration and Cancellation Policy

You must login or include your member number to receive your member discount. Refunds will not be issued for individuals registering for an event at the non-member rate who would have otherwise been eligible for the member discount. Refunds will not be issued for individuals registering for an event at the full rate who would have otherwise been eligible for a promotional discount. Registration substitutions within the same organization are allowed; however, registration rates will be calculated according to AWWA membership status. Written cancellations received at least seven days prior to the start of the event will be eligible for a refund less a \$35 processing fee. Cancellations received less than seven days from the start of the event will receive no refund. Attendance at, or participation in MI-AWWA Trainings, Conferences, Social Events and other Section activities constitutes consent by the registrant to permit American Water Works Association - Michigan Section to use and distribute both now and in the future the attendee's image and/or voice in photographs, videos, and audiotapes in print or electronically of such events and activities for any purpose consistent with the mission of the Section without limit or liability.

PAYMENT* \$ _____ member \$ _____ non-member **Payment by:** Check Number _____

Purchase Order _____ VISA MasterCard AmEx Discover

**The registration rate current at the time of registration (transmitted or post-marked) will apply. A \$35 late fee will be added for registrations received less than seven days prior to the training event.*

Card # _____

Exp Date _____ CW _____

Name on Card _____

Signature _____

Billing Address same as registrant

Billing Address _____

Billing City _____ Billing State _____ Billing Zip Code _____

Billing Phone _____ Billing Email Address* _____

Return completed form with payment to:

MAIL MI-AWWA Payment Processing • Dept 6091 • PO Box 30516 • Lansing, MI 48909 | **FAX** to (517) 292-2912

OR REGISTER ONLINE AT WWW.MI-WATER.ORG