



OAWWA Customer Service Activities Committee

Presents

Meters to Billing & *Everything in between Workshop*

Friday, May 18, 2018

Public Service Office Building
370 Park Meadow Drive
Westerville, OH

An exciting day of networking, collaboration and information with agencies/partners from across the state of Ohio regarding current issues in the water industry. Come expand your horizons with us!

PROGRAM

8:30 a.m. – 9:00 a.m.
Registration & Continental Breakfast

9:00 a.m. – 9:15 a.m.
Welcome from the City of Westerville
Richard Lorenz, Water Utility Manager

9:15 a.m. – 10:15 a.m.
“The Crossroad between Compliance & Customer Service”
Jeff Kauffman, Compliance Manager, Delco Water

10:15 a.m. – 10:30 a.m. – Break

10:30 a.m. – 11:30 p.m.
“Backflow, Deducts & Irrigation”
George Meyers PE, Engineer/Backflow Compliance Office Manager, City of Columbus

11:30 a.m. - 12:00 p.m.

Open Forum – Real Problems/Real Solutions
Kim Spiert, CSAC Co-Chair

12:00 p.m. – 1:00 p.m. - Lunch

1:00 p.m. – 2:00 p.m.
“AMI – How Do We Get Started”
Ray Schwarz, NECO Account Manager

2:00 p.m. – 2:15 p.m. – Break

2:15 p.m. – 3:15 p.m.
“Utility Bills from Around the State”
How Does Yours Measure Up? Time for a change?
Diana Steck, Software Solutions

3:15 p.m. – 3:30 p.m.
Closing
Kim Spiert, CSAC Co-Chair



REGISTRATION FORM

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Member Price-\$79 (\$99 after 5/11/2018) Non-member Price-\$89 (\$109 after 5/11/2018) 2 or More Price-\$70 each (\$90 after 5/11/2018)

(Please print legibly below)

OHIO EPA CORE ID #	FIRST NAME	LAST NAME	
TITLE	EMPLOYER	E-MAIL ADDRESS	
ADDRESS (1)	ADDRESS (2)	CITY	STATE
BUS TELEPHONE () - EXT	FAX () -	ZIP	
Please check and initial if information needs updated in OAWWA Training Tracking System. <input type="checkbox"/>			CHECK/MONEY ORDER/P.O. #
<input type="checkbox"/> Please invoice my company	BILLING ZIP CODE	NAME ON CARD	
	CARD #	EXPIRATION DATE /	
Charge to my credit card account: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> AMEX	X _____ CARD HOLDER SIGNATURE		

MAIL OR FAX THE COMPLETED FORM TO:

AWWA – Ohio Section
17 S. High Street, Suite 200, Columbus, OH 43215
(844) 766-2845 FAX (614) 221-1989

REGISTRATION AVAILABLE ONLINE AT: <https://oawwa.formstack.com/forms/csworkshop>