WateReuse Registration Form

November 12, 2024

NAME: _____

COMPANY: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____ **PHONE:** _____

EMAIL of Attendee (required for registration) _____

Please Print Legibly

I am a member of: ☐ WEASC ☐ SCAWWA ☐ Neither

Workshop Price: $25

Make checks payable to WEASC/SCAWWA (Federal Tax ID: 57-0725845) or provide credit card info below:

□ Visa □ Master Card □ Discover □ American Express □ Check#_____

Please print legibly

Credit Card Number: _____ Exp Date: _____ CVV Code: _____

Billing Address: _____
Street City St Zip

I authorize WEASC/SCAWWA to charge my credit card for registration fees as indicated.

Signature_____ **Amount $**_____

Email Address for Receipt: _____

Mail registration form and payment to:

SCAWWA/WEASC
121 Executive Center Dr, Ste 115, Columbia, SC 29210
Fax: 803-358-0646; Main office #: 803-358-0658
Register safely online **SCWATERS.org**

Questions? Contact Michele@SCWaters.org