



Biosolids & Residuals Management Registration Form

Workshop Date: February 3, 2027

NAME: _____

COMPANY: _____

ADDRESS: _____

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

EMAIL of Attendee (required for registration)

please print legibly

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

☐ Member \$120 ☐ Non-Member \$170 ☐ WEASC Student \$25

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

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

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

Billing Address: _____
Street City St Zip

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

Signature _____ Amount \$ _____

Email Address for Receipt: _____

Mail registration form and payment to: SCAWWA/WEASC - 113 Business Park Dr., Lexington, SC 29072

Fax: 803-358-0646; Main office #: 803-358-0658.

Questions? Contact Michele@SCWaters.org