

OFFICE ONLY
 BILL PAID BY: CREDIT CARD CHECK INITIALS

REGISTRANT INFORMATION

October 4, 2019

COMPANY _____

CONTACT PERSON _____ OFFICE () _____

MAILING ADDRESS _____ FAX () _____

TOWN/CITY _____ STATE _____ ZIP _____

E-MAIL _____

REGISTRATION OPTIONS

Only individuals listed on your company VWWA membership are entitled to pay reduced member registration fees.

| | QTY | \$ VALUE |
|---|-----|----------|
| <input type="checkbox"/> CONTRACTOR REGISTRATION - \$120 MEMBER / \$145 NONMEMBER - PER PERSON | | |
| <input type="checkbox"/> ADDITIONAL LUNCH TICKETS - \$20 PER PERSON - SPOUSE OR NON CEU ATTENDEE | | |
| <input type="checkbox"/> STUDENTS - \$12 PER PERSON WITH ID | | |
| <input type="checkbox"/> EXHIBITOR TAILGATING - \$200 MEMBER / \$270 NONMEMBER - PER VEHICLE, 1 BADGE | | |
| <input type="checkbox"/> ADDITIONAL EXHIBITOR BADGE- \$35 MEMBER / \$45 NON-MEMBER - PER PERSON | | |
| <input type="checkbox"/> MANUFACTURING REPRESENTATIVE - \$125 PER PERSON - NO TAILGATING OR CEU | | |
| <input type="checkbox"/> ASSOCIATE REGISTRATION - \$120 MEMBER / \$145 NONMEMBER - PER PERSON SANITARIAN SCIENTIST ENGINEER REALTOR | | |
| <input type="checkbox"/> SPONSORSHIP - CONTRIBUTIONS OF ANY AMOUNT ARE WELCOME | | |
| <input type="checkbox"/> MUZZLELOADER TICKET \$20 - RAFFLE WILL BE PULLED AT CLOSE OF SHOW | | |
| <input type="checkbox"/> ACTIVITY | | |

EXTRAS

Total(s) BADGES \$

BADGE(S) NAMES _____

PAYMENT INFORMATION

Refund Policy: No Refund Permitted

Check #

Credit Card     Company Card?

Note: Payments to VWWA are not deductible as charitable contributions for federal income tax purposes. However, payments may be deductible as ordinary and necessary business expenses.

Cardholder name (as appears on card) _____

Card # _____ Exp Date: ____/____/____

Signature: _____ CCV _____

Please make checks payable to **VWWA** - return check fee \$36.

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