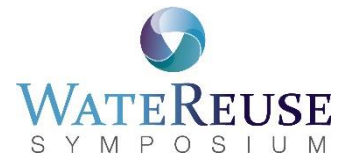


Advance Registration Form



Please select the appropriate registration fees.

Full Conference Registration Rates	On or Before 7/18/16	Between 7/19/16-8/29/16	Onsite After 8/29/16
<input type="checkbox"/> WaterReuse Member	\$600	\$650	\$725
<input type="checkbox"/> Nonmember	\$750	\$800	\$875
<input type="checkbox"/> Symposium Speaker	\$400	\$450	\$525
<input type="checkbox"/> Full-Time Student	\$150	\$200	\$275
<input type="checkbox"/> Regulator	\$450	\$500	\$575
<input type="checkbox"/> Nonprofit Staff	\$450	\$500	\$575

One Day Registration Rates	On or Before 7/18/16	Between 7/19/16-8/29/16	Onsite After 8/29/16
<input type="checkbox"/> Sunday Only	\$200	\$250	\$325
<input type="checkbox"/> Monday Only	\$300	\$350	\$425
<input type="checkbox"/> Tuesday Only	\$300	\$350	\$425
<input type="checkbox"/> Wednesday Only	\$200	\$250	\$325

ADDITIONAL OPTIONS

- IUVA Workshop (Sunday).....\$100
- Busch Gardens Behind the Scenes Technical Tour (Sunday) \$45

GUEST TICKETS

- Guest at Sunday's Welcome Reception \$25
Name of Guest _____
- Guest at Monday's Networking Luncheon..... \$35
Name of Guest _____
- Guest at Tuesday's Award Luncheon..... \$35
Name of Guest _____
- Guest at Tuesday's Dinner and Discovery at the Aquarium \$50
Name of Guest _____
- Guest at Wednesday's Breakfast Panel Discussion \$25
Name of Guest _____

Once you've filled out the form, please save it and e-mail it to ctharpe@watereuse.org.

Full Name _____

First Name as it should appear on your badge _____

Job Title _____

Organization _____

Street Address _____

City _____ State/Province _____ Postal/Zip Code _____

Phone _____ Fax _____

Email Address _____

cc: Email Address _____

- This is my first WaterReuse Symposium
- I have the following dietary restrictions _____

PAYMENT

Full payment must accompany your registration form. Your signature below authorizes WRA to charge your credit card the total payment and acknowledges there are no refunds after August 29, 2016.

- Check (payable to WaterReuse Association)
- VISA MasterCard AMEX
- Purchase Order # _____

Card Number _____

Expiration Date _____ Security Code _____

Print Cardholder's Name _____ Total Due _____

Billing Address _____ City/State/Zip _____

Signature _____ Date _____