

MEMBER REGISTRATION FORM

Illinois Association of Wastewater Agencies
 Mini Conference February 27 - March 1, 2018
 Springfield, IL

Agency: _____

Billing Address: _____

Phone Number: _____

Name(s): _____

Please make check payable to IAWA

and mail with registration form to:

IAWA

ATTN: Penny Williams

241 North 5th Street

Springfield, IL 62701

217-523-1814

Fax: 217-544-0086

	Price Per Person	Total Cost:
Mini Conference Registration Fee (Wednesday/Thursday)	\$109.00	_____
Central States Gov't Affairs Pgm (Tues. Recept./Wed. Bkfst)	\$65.00	_____
Lunch - Wednesday, February 28, 2018	\$32.00	_____
	**Total	_____

****CANCELLATIONS MUST BE RECEIVED IN WRITING BY THE IAWA OFFICE
 NO LATER THAN **February 20, 2018** TO RECEIVE A REFUND.**

Check enclosed _____

Pay by credit card via paypal(do not provide cc # on form)
 Invoice will be sent to you via paypal _____

Please bill me _____