

FSAWWA Training Events Registration Form

INSTRUCTIONS...

- Please complete one form per person & type or print legibly.
- Send form AND payment to address/fax listed below.

REMINDERS...

- This form **MUST** be accompanied by a payment for the correct registration fee. Spaces cannot be held for forms where correct payment is not included, nor can spaces be held with a credit card until a check arrives.
- ALL seminar registrations are on a first-come, first-serve basis of complete registrations - Your registration is not considered complete until full payment is received.
- Please be sure to enter all information requested on the form. Incomplete forms and/or payments will delay the processing of your registration.

GENERAL INFORMATION

Name (First, Middle, Last)	Tag Name (if different from First Name)	Position/Job Title
Employer		

MAILING ADDRESS Home Work (This is the address to which we will mail the CEU/PDH Certificate and/or receipt.)

Street Address or PO Box	City	State	Zip Code
Home Phone	Work Phone	Fax	
Email			

MEMBERSHIP INFORMATION

American Water Works Association (AWWA) Member #
A valid AWWA membership # must be included in order to register at the membership rate.

LICENSE/CERTIFICATION INFORMATION

WATER Treatment (Surface, Well)/Distribution/Cross Connection Backflow ID #
Professional ENGINEER'S Registration #
Other License ID # (Specify)

PLEASE LIST SEMINAR(S) FOR WHICH YOU WANT TO REGISTER

SEMINAR TITLE	DATE	LOCATION	COST
1.			\$
2.			\$
3.			\$

PAYMENT INFORMATION

- We accept checks, cash, money orders, Purchase Orders & credit cards (Visa/Master Card/American Express).
- Make checks/money orders payable to "FSAWWA."
- Mail registration form and payment to: **Donna Metherall, FSAWWA Training Coordinator, 1300 Ninth Street, Suite B-124, St. Cloud, FL 34769**

IF PAYING BY CREDIT CARD...

- Complete ALL of the following information and fax this form to **407-957-8415**. Credit card receipts are faxed to the attendee at the information provided above. *It is the attendee's responsibility to forward the credit card receipt if necessary.*

Card Type: <input type="checkbox"/> American Express <input type="checkbox"/> Discover <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard	Card Number	CVC Code:	Exp Date:
Complete Billing Address of Cardholder (Include City, ST, & Zip):	I authorize FSAWWA to charge\$ _____ to the above credit card.	Print Name of Cardholder:	
		Signature of Cardholder:	

FOR FSAWWA OFFICE USE ONLY:

Date Rec'd:	Amt Pd:	Ck Info:	Entered:	Completed:	Ck attachments:
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