

MEMBER REGISTRATION FORM

Illinois Association of Wastewater Agencies
 Annual Meeting September 27 - September 30, 2011
 Rockford, 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

***Spouse Registration form is separate.

		Price Per Person	Total Cost:
REGISTRATION FEE: (fee for attendance at annual meeting)		\$175.00	_____
Tuesday:	Welcome Reception	\$35.00	_____
Wednesday:	Auto Museum/Lunch	\$45.00	_____
	Coronado Theater Tour/Dinner	\$50.00	_____
Thursday:	Annual Luncheon	\$30.00	_____
	Annual Banquet "Caribbean Extravaganza"	\$50.00	_____
		**Total	_____

****CANCELLATIONS MUST BE RECEIVED IN WRITING BY THE IAWA OFFICE
 NO LATER THAN September 13, 2011 TO RECEIVE A REFUND.**