



REGISTRATION FORM

2019 ONSITE WASTEWATER MEGA-CONFERENCE

OCTOBER 13-16, 2019



Embassy Suites Hotel & Conference Center, Loveland, CO

Registrations will only be accepted with payment in full. Faxed registrations must include credit card payment.

Please print:

Full Name _____

Name for badge _____ Title _____

Company/Org. _____

Street Address _____

City/State/Zip _____

Daytime phone _____ Email _____

Please indicate if you are a member of () NAWT () NOWRA (Note: Includes all members of CPOW. See back of page for full list of state associations affiliated with NOWRA)

<u>Select fees</u>	Until Sept 11	After Sept 11	Amount
MEMBERS:			
<input type="checkbox"/> NOWRA/CPOW/NAWT Professional Members	\$295	\$395	\$ _____
<input type="checkbox"/> Additional member from same company	\$245	\$345	\$ _____
<input type="checkbox"/> NOWRA/CPOW/NAWT Regulator Members	\$245	\$345	\$ _____
<input type="checkbox"/> Additional member from same agency	\$220	\$320	\$ _____
<input type="checkbox"/> NOWRA/CPOW/NAWT Members One Day			\$ _____
Specify date: <input type="checkbox"/> 10/14/19 or <input type="checkbox"/> 10/15/19	\$175	\$225	
NON-MEMBERS (includes 1-year of membership)			
Specify which organization you wish to join: <input type="checkbox"/> NAWT <input type="checkbox"/> NOWRA			
<input type="checkbox"/> Non-Members: Professional	\$395	\$495	\$ _____
<input type="checkbox"/> Non-Members: Regulators	\$345	\$445	\$ _____
<input type="checkbox"/> Non-Members: One-Day Registration Choose date: <input type="checkbox"/> 10/14 <input type="checkbox"/> 10/15	\$225	\$275	\$ _____
<input type="checkbox"/> Students	\$150	\$175	\$ _____
<input type="checkbox"/> Spouse/Guest (Name _____)	\$125	\$150	\$ _____
OPTIONAL EVENTS			
<input type="checkbox"/> Oct. 16 Field Trip 1 (All Day – High Strength Waste))	\$75	\$100	\$ _____
<input type="checkbox"/> Oct. 16 Field Trip 2 (Half Day – Commercial OWTS)	\$50	\$75	\$ _____
	Subtotal		
	Enter promo code		\$ _____
	Total		\$ _____

Payment Information (NOWRA EIN# 593099430)

My check (payable to NOWRA) in the amount of \$ _____ is enclosed

Please charge my Visa Mastercard Amex Discover in the amount of \$ _____

Number _____ Exp. ____ / ____ Security Code _____

Name on card _____

Billing Address _____

Signature (required) _____

**If You Are a Member of Any of the Following State Onsite Organizations,
You Are Also a Member of NOWRA**

AzOWRA (Arizona)

COWA (California)

CPOW (Colorado)

FOWA (Florida)

GOWA (Georgia)

IOWPA (Indiana)

IOWWA (Iowa)

KSFA (Kansas)

MOWPA (Maryland)

MOWRA (Michigan)

MOWA (Minnesota)

MSO (Missouri)

NDOWRA (North Dakota)

NOWWA (Nebraska)

OOWA (Ohio)

O2WA (Oregon)

POWRA-NM (New Mexico)

POWRA-PA (Pennsylvania)

TOWA-TN (Tennessee)

TxOWA (Texas)

UOWA (Utah)

VOWRA (Virginia)

WOWRA (Wisconsin)

WOSSA (Washington)

YOWA (New England)