



**2018 AWBD Mid Winter Conference
Comprehensive Registration Form
Friday, January 26 - Saturday, January 27
Omni Dallas
Dallas, Texas**



If a check does not accompany form, the District or Firm will be billed

Use One Form Per Person • Photocopies May Be Used • No On Site Registration

To register, complete the registration and emergency forms. This form is for a delegate and one guest only. Indicate the events you or your guest will attend. Please print or type all information requested and return with appropriate payment or billing instructions to:

AWBD Registration, 400 Randal Way Suite 307, Spring, TX 77388 or fax to: 281/350-7092

• Deadline for “Early Bird” Registration and payment is October 25, 2017 •

Registrations received no later than the close of business October 25, 2017 will be charged at the rate of \$295.00 for members and \$590.00 for non-members. Registrations made after October 25, 2017 will be charged at the rate of \$345.00 for members and \$690.00 for non-members. Any registrations accepted after December 13, 2017 will be charged \$445.00 per registration for members and \$790.00 for non-members and does not guarantee the registrant seating at food function nor receipt of conference material or hospitality items.

Cancellation Policy: All Cancellations must be made in writing. A \$50.00 administrative fee is assessed for each conference registration cancelled on or before December 13, 2017. There will be no refunds after December 13, 2017.

All registrations are non-transferable.

NAME: _____ Spouse/Guest Name: _____

(Must be 21 years of age or older)

MEMBER DISTRICT OR FIRM: _____

BILLING ADDRESS: _____

CITY _____ COUNTY _____ STATE _____ ZIP _____

DAYTIME PHONE NUMBER: _____ / _____ E-mail: _____
area code number

1. MID WINTER CONFERENCE REGISTRATION

- ____ \$295/member or \$590/non-member by **Oct 25, 2017**
- ____ \$345/member or \$690/non-member by **Dec 13, 2017**
- ____ \$445/member or \$790/non-member **after December 13**
- ____ \$690/member or \$1380/non-member **on site.**
- No tickets issued.**
- No giveaway bag.**
- “DELEGATE” badge will be issued.**

**4. MID WINTER CONFERENCE LUNCHEON
DELEGATES ONLY - WITH BADGE & TICKET
Saturday, January 27**

- ____ I will attend
- ____ I will not attend

➡ TOTAL: \$ _____

2. MID WINTER CONFERENCE WELCOMING RECEPTION

Friday evening, January 26; Delegate and one guest only; no one under 21 – strictly enforced

- ____ I will attend
- ____ My guest and I will attend
- ____ I will not attend

**3. MID WINTER CONFERENCE CONTINENTAL BREAKFAST
DELEGATES ONLY**

Saturday, January 27

- ____ I will attend
- ____ I will not attend

- AWBD Event Hold Harmless Agreement -

As part of the consideration for registration and for participating in the Association of Water Directors – Texas (“AWBD”) Conference (the “Conference”), I warrant and represent that I am in the physical condition necessary to participate in the Conference. I further agree to indemnify and hold harmless AWBD and each of its trustees, officers, employees, committee members and volunteers with respect to any personal injury or death or any property loss or damage suffered or caused as a result of my participation in the Conference, specifically any injury, death or damage due to the negligence of AWBD, its trustees, officers, employees, committee members and volunteers. I further acknowledge that the Conference is being photographed and/or videotaped by the Association for publication, display, distribution and/or broadcast, including television and the world wide web. By attending and/or participating in this event, I give my consent to be photographed and/or videotaped and waive any and all claims regarding the use of my image.

By submittal you agree to the AWBD Event Hold Harmless Agreement

Signature of registrant:

AWBD EMERGENCY DATA FORM

NAME _____

RESIDENCE ADDRESS _____
STREET CITY / STATE ZIP CODE

DISTRICT / CONSULTANT NAME _____

ADDRESS _____
STREET CITY / STATE ZIP CODE

WHERE ARE YOU STAYING DURING THE CONFERENCE? LOCATION / HOTEL _____

ROOM NUMBER _____ PHONE NUMBER _____

IN THE EVENT OF AN EMERGENCY, PLEASE NOTIFY:

NAME _____ TELEPHONE (__) _____

ADDRESS _____
STREET CITY / STATE ZIP CODE

RELATIONSHIP OF THIS PERSON TO YOU _____

IN THE EVENT THAT PERSON CANNOT BE REACHED, WHO SHOULD BE CONTACTED?

NAME _____ TELEPHONE (__) _____

ADDRESS _____
STREET CITY / STATE ZIP CODE

NAME OF PHYSICIAN _____ TELEPHONE (__) _____

ADDRESS _____
STREET CITY / STATE ZIP CODE

Are you allergic to any type of medication? (please circle) YES NO If YES, please give type or details:

Do you have any special physical conditions that might create illness? (e.g., diabetes, heart condition, pacemaker, etc.)



**NOTE: THIS INFORMATION IS KEPT CONFIDENTIAL AND IS USED FOR YOUR PROTECTION
ONLY THIS FORM WILL BE DISCARDED AFTER THE CONFERENCE**