



CONFERENCE REGISTRATION

19th Annual Technical Conference

April 13th - 16th, 2010

Parkway Plaza Hotel & Convention Center, Casper WY

Name for Badge: _____

Your System or Company: _____ **4 Digit Operator ID# REQUIRED** _____

If you do not have an Operator ID#, contact Operator Certification at (307) 777-6128

Your Title or Position: _____ Daytime Phone: _____

Billing Address: _____

City/State/Zip: _____

Bill my employer: _____ Pay with credit card: _____ E-mail confirmation to: _____

PRE-CONFERENCE – Tuesday April 13th, No Fee, 8 hours

Track 1 – EPA New Rules and Updates (All) **Track 2** – Using our Resources Wisely (All)

Track 3 – Excel for Operators April 12th & 13th at Casper College – All licenses **FULL**

I plan to attend: Track 1 _____ Track 2 _____ Track 3 _____ None _____

FULL REGISTRATION April 14th - 16th (Does not include Tuesday Pre-Conference)

(Includes all technical sessions, Exhibit Hall, and meals)

Member – Early Bird, payment included (By 2/28/10) \$200 _____

Member – After 2/28/10 \$270 _____

Non-Member – Includes new Individual Membership through 12/31/10 \$275 _____

Non-Member \$325 _____

Decision Maker / Clerk \$125 _____

I plan to attend the complimentary banquet Thursday evening (circle one) – YES or NO

Banquet provided at no cost to attendees. Seating limited to first 325 reservations

I plan to bring a water sample for the ‘Best Tasting Water in Wyoming’ contest – YES or NO

Special Registrations

Wednesday only: (classes, lunch, Exhibit Hall, Game Night) \$110 = \$ _____

Thursday only: (classes, lunch, Exhibit Hall, Banquet) \$110 = \$ _____

Friday only: (buffet breakfast, classes) \$75 = \$ _____

Additional Meal Tickets

Lunch Ticket (Wednesday/Thursday) \$15 each x _____ = \$ _____

Banquet Ticket (Thursday night) \$30 each x _____ = \$ _____

Breakfast Ticket (Friday morning) \$12 each x _____ = \$ _____

Refund policy: No refunds after 2/28/10. Amount can be credited to future events

Total \$ _____

If paying with a credit card, please complete the following:

Name (exactly as it appears on the card): _____

Billing Address: _____

Master Card or Visa Number: _____ Expiration date on card: _____

Host Hotel:

Parkway Plaza Hotel & Convention Center – \$65 room rate
Reservations: www.parkwayplaza.net or call 1-800-270-7829

Return this form with payment to:

WARWS, PO Box 1750, Glenrock, WY 82637 or
Fax (307) 436-8441 or Register on-line: www.warws.com
For more information call our office at (307) 436-8636