

CONFERENCE REGISTRATION FORM

2001 SUMMER CONFERENCE *The Biosolids Challenge... Ensuring Success*

NAME

FIRST NAME/NICKNAME (for name badge)

TITLE

ORGANIZATION

ADDRESS

CITY

STATE

ZIP

PHONE

FAX

E-MAIL ADDRESS

SPOUSE/GUEST NAME (if attending)

Special Services

- Please check here if you require special accommodations to fully participate in the conference. Please attach a written description of your needs.

Registration Fees

Public Agencies

Member \$625

Non-Member \$625

Private Companies

Affiliate Member \$725

Non-Member \$850

Payment Information

TOTAL REGISTRATION FEE ENCLOSED: \$ _____

Pay by check, purchase order or credit card. Checks should be made payable to AMSA.

Visa AMEX MC Discover

Credit Card Number

Expiration Date

Signature

This form may be duplicated to accommodate multiple registrations from the same organization.

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