## CONFERENCE CONFERENCE **REGISTRATION FORM REGISTRATION FORM** 2001 AMSA/EPA PRETREATME 2001 AMSA/EPA PRETREATMENT **COORDINATORS WORKSHC COORDINATORS WORKSHOP** November 7-9, 2001 November 7-9. 2001 Sheraton Nashville Downtown - Nashville, Tenn Sheraton Nashville Downtown - Nashville. Tennessee NAME NAME FIRST NAME/NICKNAME (for name badge) FIRST NAME/NICKNAME (for name badge) TITLE TITLE ORGANIZATION ORGANIZATION ADDRESS ADDRESS CITY CITY ZIP STATE ZIP STATE PHONE PHONE FAX FAX E-MAIL ADDRESS E-MAIL ADDRESS SPOUSE/GUEST NAME (if attending) SPOUSE/GUEST NAME (if attending) Specia IServices Specia IServices Please check here if you require special accommodations to fully Please check here if you require special accommodations tc participate in the conference. Please attach a written description participate in the conference. Please attach a written descr of your needs. of your needs. Reg is tra tion Fees Reg is tra tion Fees Member(*Riblic Agency*) \$375 Member(*Riblic Agency*) \$375 Non M em ber (R blic Ag ency) \$375 Non Member (Riblic Agency) \$375 Affilia te 🛛 em ber (*Priva te*) \$475 Affilia tell em ber(*Priva te*) \$475 Non M em ber (Priva te) \$550 Non M em ber (Priva te) \$550 Paym entirform ation **Payment Information** TOTAL REG ISTRATION FEE(S) ENCLOSED: \$ TOTAL REG ISTRATION FEE(S) ENCLOSED:

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