

**CONFERENCE
REGISTRATION FORM**

**2001 AMSA/EPA PRETREATMENT
COORDINATORS WORKSHOP**

November 7-9, 2001

Sheraton Nashville Downtown - Nashville, Tennessee

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

- Member (Public Agency) \$375
- Non-Member (Public Agency) \$375
- Affiliate Member (Private) \$475
- Non-Member (Private) \$550

Payment Information

TOTAL REGISTRATION FEE(S) ENCLOSED: \$ _____

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

Visa AMEX M C Discover

Credit Card Number

Expiration Date

Signature

**CONFERENCE
REGISTRATION FORM**

**2001 AMSA/EPA PRETREATMENT
COORDINATORS WORKSHOP**

November 7-9, 2001

Sheraton Nashville Downtown - Nashville, Tennessee

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

- Member (Public Agency) \$375
- Non-Member (Public Agency) \$375
- Affiliate Member (Private) \$475
- Non-Member (Private) \$550

Payment Information

TOTAL REGISTRATION FEE(S) ENCLOSED: \$ _____

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

Visa AMEX M C Discover

Credit Card Number

Expiration Date

Signature