WEF® Disinfection and Public Health Conference 2013

EXHIBITOR COMPLIMENTARY BOOTH PERSONNEL REGISTRATION FORM

Due By: February 15, 2013

EXHIBITORS ARE PERMITTED TO REGISTER TWO (2) BOOTH PERSONNEL AT NO CHARGE FOR EACH 10'x10' (100 SQ. FT.) SPACE RENTED. Complimentary exhibitor badges include admittance to the exhibit hall during set-up, tear-down, open exhibit hours, luncheons and technical sessions.

All Addresses left blank will be populated with the Key Contact's Address information.
All Information with an asterisk (*) is required information.

***Key Contact (No Badge)**

Title _____

Company _____ **Booth #** _____

Street Address _____

City _____ State/Province _____ Zip/Postal Code _____ Country _____

Phone _____ Fax _____

E-mail: _____

**If someone registering is disabled or needs special services, please attach a written description of the person's needs, the name of the person and his/her address and phone number. We will contact the person in advance to insure that his/her needs are met.

Exhibitor badges include admittance to the exhibit hall during:

- **set-up**
- **tear-down**
- **network reception**
- **luncheons**
- **open exhibit hours**

1. FIRST/LAST NAME _____

ARE YOU A SPEAKER? ❑YES ❑NO

***Title** _____ **Company** _____

*Phone _____ *E-mail _____ Fax: _____

Street Address _____

City _____ State/Province _____ Zip/Postal Code _____ Country _____

OPTIONAL EVENTS		by 1/25/13	after 1/25/13
❑ **Workshop A:**	2012 NWRI UV Guidelines - New Updates to Challenging Issues Sunday, February 24, 8:30 am – 5:00 pm	$ 160	$ 175
❑ **Workshop B:**	Ceramic and Biosand Filter Workshop Sunday, February 24, 8:30 am – 5:00 pm	$ 160	$ 175
❑ **Tour:**	Belmont Advanced Wastewater Treatment Plant Sunday, February 26, 8:30 am – 12:00 pm	$ 35	$ 35

TOTAL OPTIONAL EVENTS ..... $_____

2. FIRST/LAST NAME _____

ARE YOU A SPEAKER? ❑YES ❑NO

***Title** _____ **Company** _____

*Phone _____ *E-mail _____ Fax: _____

Street Address _____

City _____ State/Province _____ Zip/Postal Code _____ Country _____

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TOTAL OPTIONAL EVENTS ..... $_____

3. FIRST/LAST NAME _____

ARE YOU A SPEAKER? ❑YES ❑NO

*Title _____ Company _____

*Phone _____ *E-mail _____ Fax: _____

Street Address _____

City _____ State/Province _____ Zip/Postal Code _____ Country _____

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TOTAL OPTIONAL EVENTS ..... $_____

4. FIRST/LAST NAME _____

ARE YOU A SPEAKER? ❑YES ❑NO

*Title _____ Company _____

*Phone _____ *E-mail _____ Fax: _____

Street Address _____

City _____ State/Province _____ Zip/Postal Code _____ Country _____

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TOTAL OPTIONAL EVENTS ..... $_____

Registrations received after February 15, 2013 will not be processed.
Booth Personnel will need to register onsite.

Payment Instructions (*Registrations with a balance due cannot be processed*) Tax ID# 53-0225129

❑ **Personal Check (P)** | ❑ **Company Check (C)** *(Payable in U.S. Funds to WEF)* **Check No.**_____

❑ **MasterCard (M)** | ❑ **Visa (V)** | ❑ **American Express (A)** **Payment Amount**_____

Card Number _____ **Exp. Date** _____

Signature_____

Return this form to:

WEF® Disinfection and Public Health Conference 2013
c/o CSI ▪ P.O. Box 591 ▪ Brookfield, IL, 60513-0591
Fax: 1-708-344-4444

WEF® Disinfection and Public Health Conference 2013

EXHIBITOR PAID PERSONNEL REGISTRATION FORM

Due By: February 15, 2013

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All Information with an asterisk (*) is required information.

***Key Contact (No Badge)**

Title _____

Company _____ **Booth #** _____

Street Address _____

City _____ State/Province _____ Zip/Postal Code _____ Country _____

Phone _____ Fax _____ E-mail: _____

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- **tear-down**
- **network reception**
- **luncheons**
- **open exhibit hours**

1. FIRST/LAST NAME _____

ARE YOU A SPEAKER? ❑YES ❑NO

***Title** _____ **Company** _____

*Phone _____ *E-mail _____ Fax: _____

Street Address _____

City _____ State/Province _____ Zip/Postal Code _____ Country _____

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TOTAL OPTIONAL EVENTS ..... $_____

BADGE ..... $_____175.00

TOTAL ..... $_____

2. FIRST/LAST NAME _____

ARE YOU A SPEAKER? ❑YES ❑NO

***Title** _____ **Company** _____

*Phone _____ *E-mail _____ Fax: _____

Street Address _____

City _____ State/Province _____ Zip/Postal Code _____ Country _____

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TOTAL OPTIONAL EVENTS ..... $_____

BADGE ..... $_____175.00

TOTAL ..... $_____

3. FIRST/LAST NAME _____

ARE YOU A SPEAKER? ❑YES ❑NO

*Title _____ Company _____

*Phone _____ *E-mail _____ Fax: _____

Street Address _____

City _____ State/Province _____ Zip/Postal Code _____ Country _____

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TOTAL OPTIONAL EVENTS ..... $_____

BADGE ..... $_____175.00

TOTAL ..... $_____

4. FIRST/LAST NAME _____

ARE YOU A SPEAKER? ❑YES ❑NO

*Title _____ Company _____

*Phone _____ *E-mail _____ Fax: _____

Street Address _____

City _____ State/Province _____ Zip/Postal Code _____ Country _____

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❑ **MasterCard (M) | ❑ Visa (V) | ❑ American Express (A)** **Payment Amount**_____

Card Number _____ **Exp. Date** _____

Signature_____

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