

EXHIBITOR SPACE RESERVATION FORM – 2013 PA-Section AWWA 65th Annual Conference

IMPORTANT INFORMATION

1. Please print clearly and complete all information.
2. The deadline for exhibit space reservation and payment is **March 25, 2013**
3. Exhibit space cancellations will be accepted until **April 5, 2013**. Refunds will be given, less a 25% administration fee. After **April 5, 2013**, there will be no refunds for cancelled booths or additional Exhibitor(s).

3 EASY WAYS TO REGISTER

Complete form, include payment, and...

1. MAIL - PA Section AWWA, P.O. Box D, New Cumberland, PA 17070
2. FAX - (717) 774-0288
3. ONLINE – Visit www.paawwa.org or EMAIL completed form to pchila@paawwa.org

Any questions??? Contact Patricia Chila at (717) 774-8870 or email: pchila@paawwa.org

BOOTH INFORMATION

The following Products/Services will be displayed in our booth: _____
Exhibitor Service Kit: Including Electric, Internet, Drayage Forms, etc. can be found on our website:
paawwa.org

Booths that are 8' deep x 10' wide, draped 8' high back wall and 33" high side dividers. Each booth will be provided one 7"x 44" exhibitor identification sign, one 6' topped and skirted table, one wastebasket, and two chairs.

EXHIBITOR INFORMATION

Exhibitor registration fee includes two (2) full conference registrations. All other attendees must register individually. Badges will be checked at the door.

COMPANY NAME (as it will appear in conference publications) _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

EMAIL _____ PHONE _____ FAX _____

NAME OF PERSON ATTENDING CONFERENCE _____ TITLE _____

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CONTACT PERSON (if different from person attending conference) _____

A. BOOTH RATE PER 8'X10' – (6' TABLE) *Includes Two (2) Full Conference Registrations

AWWA/DBIA Member Exhibitor Fee:
 (on or before January 14, 2013)
 \$800.00 x _____ = \$ _____
 (# Booths)
 AWWA Member # _____
 (after January 14, 2013)
 \$900.00 x _____ = \$ _____

Non-Member Exhibitor Fee:
 (on or before January 14, 2013)
 \$900.00 x _____ = \$ _____
 (# Booths)
 (after January 14, 2013)
 \$1,100 x _____ = \$ _____
 (# Booths)

*SPECIAL EVENT FEES ON NEXT PAGE.

A. Total Exhibitor Fee:
 \$ _____

B. GUEST REGISTRATION (SPOUSE OR CHILD)

NAME: _____
 (First) (Last)

*Guest fee includes Exhibit Hall Pass.

SPOUSE: _____ CHILD: _____

Guest Fee: \$ 50.00
 (Includes Exhibit hall meals and pass)
 *There is no registration fee for children 12 and under.

B. Total Guest Fee: \$ _____

EXHIBITOR SPACE RESERVATION FORM (CONTINUED)**C. ADDITIONAL ATTENDEE RATE FOR 3 OR MORE**

AWWA/DBIA Member Full Conf. Rate - \$250.00 per person Non-Member Full Conf. Rate - \$300.00 per person

\$ 250.00 x _____ = \$ _____

\$ 300.00 x _____ = \$ _____

AWWA/DBIA Member One-Day Rate - \$125.00 per person Non-Member One-Day Rate - \$150.00 per person

\$ 125.00 x _____ = \$ _____

\$ 150.00 x _____ = \$ _____

Please indicate the day attending: Wednesday, April 24 _____ Thursday, April 25 _____

NAME _____ TITLE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ FAX _____

EMAIL _____ AWWA /DBIA MEMBER# _____

***An additional \$25.00 will be added for those registering at the door.**

* For additional attendees – Copy Form and Attach.

C. Total Individual Registration Fee:

\$ _____

D. SPECIAL EVENT FEES – INDICATE # ATTENDING EACH EVENT

(# Attending)

Tuesday, April 23, 2013

*Golf Tournament at Deer Valley Golf Course

Per Individual Golfer

\$ 85.00 x _____ = \$ _____

Foursome \$320.00

\$320.00 x _____ = \$ _____

(Includes Green Fees, Golf Cart, Lunch & Beverages)

For Golf Sponsorship Opportunities, see the Golf Flyer

Tuesday Evening Event

*Meet and Greet for all conference attendees will be held in the Cocoa Terrace Suite from 6 PM to 8 PM.

Wednesday, April 24, 2013

*Business Luncheon

\$ 40.00 x _____ = \$ _____

D. Total Special Events Fee: \$ _____

E. ANNUAL CONFERENCE SPONSORSHIP

If you would like to sponsor an event during the annual conference, you may include your contribution with your exhibitor fees. Please complete the attached sponsorship form and indicate the amount on this form.

We are enclosing our sponsorship of \$ _____.

E. Total Sponsorship Fee:

\$ _____

PAYMENT INFORMATION

LINE A \$ _____

LINE B \$ _____

LINE C \$ _____

LINE D \$ _____

LINE E \$ _____

Total Enclosed \$ _____

MAKE CHECK PAYABLE TO: PA SECTION AWWA

American Express VISA MasterCard

Personal Check Company Check

Credit Card # _____

Exp. _____ Signature _____