

# CONFERENCE REGISTRATION FORM

Please complete the following information. Duplicate as needed and use a separate form for each person attending the conference. Early registration must be postmarked, phoned, faxed, e-mailed or sent online by **August 6, 2012.**

WSU Conference Management  
PO Box 645210, Pullman, WA 99164-5210  
Phone: (253) 445-4629 • Fax: (253) 445-4633  
E-mail: [jjork@wsu.edu](mailto:jjork@wsu.edu) • Online: [www.cm.wsu.edu/biosolids](http://www.cm.wsu.edu/biosolids)

Registrations received after **August 6** will be charged the late price. Substitutions are welcome. Eighty percent of the registration fee is refundable if written cancellation is received by **August 6**. Call WSU Conference Management (Puyallup) at **(253) 445-4629** about general conference questions, vendor and agency exhibits, posters, and special accommodations under the Americans with Disabilities Act.

## Contact Information (Please Print)

Name .....		
Title .....	Organization .....	
Mailing Address .....		
City .....	State/Province .....	ZIP/Postal code .....
Country .....	E-mail .....	
Daytime phone .....	Fax .....	
School (if student) .....	Student ID# .....	

## Registration Package Options

**Package A** (Full conference)

**Package B** (Single day: Monday)

**Package C** (Single day: Tuesday)

**Package D** (Student)

### By August 6

☐ \$415

☐ \$295

☐ \$295

☐ \$295

### After August 6

☐ \$455

☐ \$320

☐ \$320

☐ \$320

☐ Special dietary requirements: .....

## Extra Meal Tickets

☐ Breakfast (Monday)     \$32.00 × ..... (quantity)

☐ Lunch (Monday)     \$36.00 × ..... (quantity)

☐ Dinner (Monday)     \$55.00 × ..... (quantity)

☐ Breakfast (Tuesday)     \$32.00 × ..... (quantity)

☐ Lunch (Tuesday)     \$36.00 × ..... (quantity)

☐ Special dietary requirements: .....

## Total Amount Due: \$ .....

☐ Payment is included for the total amount listed above  
(Payable to Washington State University, in U.S. funds drawn on a U.S. bank)

☐ Bill my company, P.O. # ..... Bill to the attention of: .....  
Billing address: .....

☐ Charge my ☐ Visa or ☐ Mastercard, # .....  
Exp. Date: ..... CVV # .....  
Name on card: .....  
Billing address of card (if different from above): .....

**Please sign me up for:** See page 3 for activity descriptions. Fees should be paid at the event.

- ☐ NBMA Golf Tournament     ☐ Swiftwater Cellars Wine Tasting  
☐ Yakima River Rafting Trip

