



Registration Form

2005 AWPA Fall Technical Meetings

September 11-15, 2005 Renaissance Hotel Asheville, North Carolina, USA

Attendee Information

Name of Attendee: _____
(First Name or Nickname for Badge) (Last Name)

Organization: _____

Address: _____

City: _____ State/Prov: _____ Zip/PC: _____

Country: _____ Email: _____

Telephone: _____ Facsimile: _____

I plan to attend the following Technical Committee Meetings (circle each one)

P-1 P-3 P-4 P-5 P-6 P-7/T9 P-8 T-1 T-2 T-3 T-4 T-7 T-8 T-10 S-2 S-3 S-8

Registration Fees

Early Registration \$90 USD

To be eligible for the discounted Early Registration rate, this form and your payment must be RECEIVED by AWPA on or before **August 12, 2005**. No refunds will be issued for cancellations requested after August 12.

Pre-Registration \$120 USD

The cut-off date for Pre-Registration is **September 2, 2005**. If we do not receive your registration and payment by that date, you must register on-site.

On-site Registration \$120 USD

If you are unable to send payment to AWPA so that it will be received on or before **September 2, 2005**, you must register on-site. Please complete this form and bring it with your payment to the AWPA desk at the meeting.

Payment Information

My check in the amount of \$ _____ USD is enclosed and is drawn on a U.S. bank.

Please charge \$ _____ USD to my credit card: Visa MasterCard Discover American Express

Credit Card Number: _____ Expiration Date: _____

Name of Cardholder: _____ Signature: _____

Cardholder Billing Address: _____

City: _____ State/Prov: _____ Zip/PC: _____

Country: _____ Telephone: _____

Please complete this form and send by mail or facsimile to:

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Telephone: 334-874-9800 Facsimile: 334-874-9008 E-mail: email@awpa.com The Web: www.awpa.com