



Registration Form

2026 AWPA TECHNICAL COMMITTEE MEETINGS

September 13-17, 2026

Hilton Buena Vista • Orlando, Florida



I PLAN TO ATTEND THE FOLLOWING TECHNICAL COMMITTEE MEETINGS

- | | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|
| <input type="checkbox"/> P-1 | <input type="checkbox"/> P-3 | <input type="checkbox"/> P-4 | <input type="checkbox"/> P-5 | <input type="checkbox"/> P-6 | <input type="checkbox"/> P-9 |
| <input type="checkbox"/> S-2 | <input type="checkbox"/> S-3 | <input type="checkbox"/> S-8 | | | |
| <input type="checkbox"/> T-1 | <input type="checkbox"/> T-2 | <input type="checkbox"/> T-3 | <input type="checkbox"/> T-4 | <input type="checkbox"/> T-7 | <input type="checkbox"/> T-8 |

ATTENDEE INFORMATION

Name of Attendee _____ (as you want it to appear on badge)

Name of Spouse/Guests (\$90 per person to attend all receptions) _____

Organization/Company _____

Address _____

City _____ State/Prov. _____ ZIP/PC _____ Country _____

Email _____ Telephone _____

Special Needs (food allergies, sight, hearing, mobility, etc.) _____

REGISTRATION FEES in U.S. Dollars

AWPA Member Rate

Non-Member Rate*

Early Registration (payment received on or before August 7).....\$430..... \$585

Pre-Registration (payment received August 8 to August 28\$530..... \$685

On-Site Registration (September 13 to 17).....\$630 \$785

Spouse/Guest Registration (to attend receptions)\$90..... \$90

NOTE: NO REFUNDS WILL BE ISSUED FOR CANCELLATIONS.

* Please consider applying for membership (through the end of 2026) to take advantage of AWPA member rates. The member rate will be honored if accompanied by a membership application and if the membership is approved. For more information, visit: <https://awpa.com/join-awpa>

PAYMENT INFORMATION

Enclosed is a personal or company check in the amount of \$ _____ USD drawn on a U.S. bank.

Please charge \$ _____ to my credit card: Visa Master Card Discover American Express

Credit Card Number _____ Exp. Date _____

Cardholder Name _____ Signature _____

Cardholder's Address (if different from above) _____

City _____ State/Prov. _____ Zip/PC _____

Country _____ Telephone _____

American Wood Protection Association

AWPA • 2430 US Highway 27 STE 330-223 • Clermont, FL 34714 • USA

Phone: 205-733-4077 • Facsimile: 205-733-4078 • Email: email@awpa.com • Web: <https://awpa.com>