



Registration Form

2019 AWPA TECHNICAL COMMITTEE MEETINGS

September 15-19, 2019

Hotel Captain Cook • Anchorage, Alaska



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 | <input type="checkbox"/> T-11 |

ATTENDEE INFORMATION

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

Name of Spouse/Guests (\$50 per person to attend all receptions) _____

Organization _____

Address _____

City _____ State/Prov. _____ ZIP/PC _____

Country _____ Email _____

Telephone _____ Fax _____

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 July 31)	\$325	\$425
Pre-Registration (payment received August 1-26)	\$400	\$500
On-Site Registration (September 15-19)	\$450	\$550
Spouse/Guest Registration (to attend receptions)	\$50	\$50

NOTE: NO REFUNDS WILL BE ISSUED FOR CANCELLATIONS.

* Please consider applying for membership (through the end of 2019) 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. www.awpa.com/membership/index.asp

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 MasterCard Discover American Express
- Cardholder Name _____ Signature _____
- Cardholder's Address (if different from above) _____
- City _____ State/Prov. _____ Zip/PC _____
- Country _____ Telephone _____
- Credit Card Number _____ Exp. Date _____

American Wood Protection Association

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