



September 22 - 26, 2019 | Silver Legacy Hotel | 407 N VIRGINIA ST, RENO, NV 89501 | 775-325-7401

## 2019 REGISTRATION

### PRIMARY ATTENDEE INFO

Full Name: \_\_\_\_\_  
 Membership #: \_\_\_\_\_  
 Company: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City / State / Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Arrival Date: \_\_\_\_\_ Departure Date: \_\_\_\_\_  
 T-Shirt Size:  5XL  4XL  3XL  2XL  XL  L  M  S

#### SELECT THE EVENTS YOU WILL BE ATTENDING:

- Evening Outing** | Tuesday, September 24  
 **Closing Celebration** | Wednesday, September 25

### REGISTRATION FEES *(please select your rate)*

MEMBER		NON-MEMBER	
<input type="checkbox"/> Registration	\$275	<input type="checkbox"/> Registration	\$395
<input type="checkbox"/> Companion	\$195	<input type="checkbox"/> Companion	\$290
<input type="checkbox"/> Quarter Century	\$195		
<input type="checkbox"/> ASSE/IAPMO Joint *	\$800	<input type="checkbox"/> ASSE/IAPMO Joint *	\$945
<input type="checkbox"/> ASSE/IAPMO Joint Companion *	\$630	<input type="checkbox"/> ASSE/IAPMO Joint Companion *	\$680
<input type="checkbox"/> IAPMO Day Pass *	\$150	<input type="checkbox"/> IAPMO Day Pass *	\$175

If you selected "IAPMO Day Pass," which day(s)? \_\_\_\_\_

\*ASSE's 2019 Annual Meeting is co-located with IAPMO's Conference. You may register for both conferences, or add day passes to attend IAPMO events at a discounted rate.

### PLEASE COMPLETE AND SEND TO:

The IAPMO Group, Attn: Genelle Crouch  
 4755 E. Philadelphia St., Ontario, CA 91761  
 Phone: (909) 472-4207 | Fax: (909) 472-4220  
 Email: ASSEMeeting@iapmo.org

### COMPANION INFO

Full Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City / State / Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 T-Shirt Size:  5XL  4XL  3XL  2XL  XL  L  M  S

#### SELECT THE EVENTS YOUR COMPANION WILL BE ATTENDING:

- Companion Event** | Monday, September 23  
 **Evening Outing** | Tuesday, September 24  
 **Closing Celebration** | Wednesday, September 25

*I would like to donate to the IWSH Foundation to help with water, sanitation, and hygiene projects across the globe:*

- \$25  \$50  \$100  \$250  \$500  \$1,000  
 Other amount – please email conference@iapmo.org

### METHOD OF PAYMENT

Check # \_\_\_\_\_  Visa  AMEX  Master Card  
 Credit Card # \_\_\_\_\_  
 Expiration date: \_\_\_\_ / \_\_\_\_ CVN # \_\_\_\_\_  
 Name on card: \_\_\_\_\_  
 Card Billing Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Signature: \_\_\_\_\_

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