



REGISTRATION

SEPTEMBER 24 – 28, 2023

HYATT REGENCY SAN ANTONIO RIVERWALK | 123 LOSOYA ST. SAN ANTONIO, TEXAS

Individual members paying for their own conference fees who are members on or before September 26, 2022 are eligible to vote as individuals.

IAPMO Member No. _____

Name _____

Badge Name _____

Title _____

Representing _____

Address _____

City/State/Zip _____

Cell Phone _____

Telephone _____

Emergency Contact No. _____

E-mail _____

T-Shirt Size:

- 5XL 4XL 3XL 2XL
 1XL L M S

Is this your first IAPMO Conference? Yes No

I was referred by _____

COMPANION REGISTRATION

Companion Name _____

IAPMO Member No. _____

Emergency Contact No. _____

Companion email _____

Companion T-Shirt Size:

- 5XL 4XL 3XL 2XL
 1XL L M S

DINNER CONFIRMATION

(Included with paid registration)

In order to better serve you, we request that you indicate which of the following events you plan to attend.

- Monday: Welcome Dinner
 Tuesday: Evening Outing
 Thursday: Installation Reception and Dinner

Special dietary needs _____

MEMBERSHIP CLASSIFICATION

- Individual Senior Honorary
 Government Life Student
 Organization Non-Member

If you are a jurisdictional member, are you the designated voting member for the governmental jurisdiction you listed above? Yes No

If you are the voting member of your organization, please provide supporting documentation along with your conference registration.

IWSH FOUNDATION

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

CONFERENCE REGISTRATION FEES

	IAPMO		ASSE/IAPMO Joint
	Receive by Aug 21	Receive after Aug 21	
Member	\$575	\$645	\$800
Non-Member	\$670	\$750	\$900
Companion	\$465	\$515	\$630
Day Pass (includes all that day's education sessions and evening events)			
Member	\$150	\$150	–
Non-Member	\$175	\$175	–

PLEASE RETURN THIS FORM WITH PAYMENT TO: IAPMO, ATTN: CONFERENCE REGISTRATION

4755 East Philadelphia Street, Ontario, CA 91761-2816
E-mail: conference@iapmo.org or Fax: 909-472-4220

Conference Registration Fee \$ _____
Companion Registration Fee \$ _____
Day Pass \$ _____
IWSH donation \$ _____
Total \$ _____

METHOD OF PAYMENT

Please keep conference registration payment separate from any other payment to IAPMO.

Check Master Card Visa AMEX

Credit Card No. _____

CVC Number: _____ Exp. date _____

The CVC number is the last 3 digits located on the back of MasterCard and Visa Cards. American Express cards, the CVC number is a printed (not embossed) group of four digits on the front towards the right.

Signature as shown on credit card date

Organizations (as defined in Section 2.5 of the IAPMO Bylaws) paying for conference fees are only entitled to one vote per organization. Organizations that pay conference fees for multiple registrants must select one registrant as their voting representative and provide written confirmation on company's letterhead; all other registrants paid for by that same organization will be registered as non-voting.

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For conference fees paid by personal check or charge card: _____

Are you being reimbursed for any or all of your conference fees?

If yes, please state name of person or organization reimbursement is coming from:

Your registration and attendance at this event indicates your consent to use by IAPMO of any and all photographs, video, voice recordings, or other media taken of you including derivative works thereof, without payment of any kind, for promotional/editorial activities, in any and all media, now known or hereafter created.

Refund Policy

Cancellation prior to August 11, 2023 – full refund | Cancellation on or after August 12, 2023 – no refund

If you have any questions, physical disabilities or special needs, please call Travel and Events at 909-472-4207, Fax 909-472-4220 or E-mail: conference@iapmo.org

WHEN EMAILING OR FAXING, PLEASE INCLUDE FRONT AND BACK