



**2010 AWBD Mid Winter Conference
Comprehensive Registration Form
Friday, January 29 - Saturday, January 30
Hyatt Regency Dallas
Dallas, Texas**



If a check does not accompany form, the District or Firm will be billed

Use One Form Per Person ● Photocopies May Be Used ● No On Site Registration

To register, complete the registration and emergency data forms. This registration is for a delegate and one guest only. Indicate the events you or your guest will attend. Please print or type all information requested and return with appropriate payment or billing instructions to:

AWBD Registration, 400 Randal Way, Suite 307, Spring, Texas 77388 or FAX to: 281/350-7092

→ Final deadline for registration and payment is December 30, 2009. ←

Registrations received no later than the close of business December 19, 2009 will be charged at the rate of \$265.00 for members and \$530.00 for non-members. A \$50.00 administrative fee is assessed for each conference registration canceled on or before December 19, 2009. There will be no refunds after December 19, 2009. Registrations made after December 19, 2009 will be charged at the rate of \$315.00 for members and \$630.00 for non-members. Any registrations accepted after December 30, 2009 are subject to a late fee of \$100.00 per registration and do not guarantee the registrant seating at food function nor receipt of conference material or hospitality items. All registrations are non-transferable.

NAME: _____ **Spouse/Guest Name:** _____
(Must be 21 years of age or older)

MEMBER DISTRICT OR FIRM: _____

BILLING ADDRESS: _____

CITY _____ **COUNTY** _____ **STATE** _____ **ZIP** _____

DAYTIME PHONE NUMBER: _____ / _____ **E-mail:** _____
area code number

1. MID WINTER CONFERENCE REGISTRATION ■■■■■

- ___ @ \$265/member or \$530/non-member by **Dec. 19, 2009.**
- ___ @ \$315/member or \$630/non-member **after Dec. 19, 2009.**
- ___ **late fee \$100 for EACH registration after Dec. 30, 2009.**

TOTAL \$ _____

2. MID WINTER CONFERENCE WELCOMING RECEPTION ■■■■■

- Friday evening, January 29
- ___ I will attend
 - ___ My guest and I will attend
 - ___ I will not attend

3. CONTINENTAL BREAKFAST DELEGATES ONLY ■■■■■

- Saturday, January 30
- ___ I will attend
 - ___ I will not attend

4. MID WINTER CONFERENCE LUNCHEON ■■■■■

- Saturday, January 30
DELEGATES ONLY WITH BADGE & TICKET
- ___ I will attend
 - ___ I will not attend

5. MID WINTER CONFERENCE SOCIAL RECEPTION ■■■■■

- Dinner/Dance**
Saturday, January 30 7:30 - 10:30 p.m.
- ___ I will attend
 - ___ My guest and I will attend
 - ___ I will not attend

➔ TOTAL: \$ _____

- AWBD Event Hold Harmless Agreement -
As part of the consideration for registration and for participation in the Association of Water Board Directors - Texas Mid Winter Conference (the "Conference"), I warrant and represent that I am in the physical condition necessary to participate in the Conference, I further agree to indemnify and hold harmless AWBD and each of its trustees, officers, employees, committee members and volunteers with respect to any personal injury or death or any property loss or damage suffered or caused as a result of my participation in the Conference, specifically, any injury, death or damage due to the negligence of AWBD, its trustees, officers, employees, committee members and volunteers.

Signature of registrant:

AWBD EMERGENCY DATA FORM

NAME _____

RESIDENCE ADDRESS _____
STREET CITY / STATE ZIP CODE

DISTRICT / CONSULTANT NAME _____

ADDRESS _____
STREET CITY / STATE ZIP CODE

WHERE ARE YOU STAYING DURING THE CONFERENCE?

LOCATION / HOTEL _____ ROOM NUMBER _____ PHONE NUMBER _____

IN THE EVENT OF AN EMERGENCY, PLEASE NOTIFY:

NAME _____ TELEPHONE (____) _____

ADDRESS _____
STREET CITY / STATE ZIP CODE

RELATIONSHIP OF THIS PERSON TO YOU _____

IN THE EVENT THAT PERSON CANNOT BE REACHED, WHO SHOULD BE CONTACTED?

NAME _____ TELEPHONE (____) _____

ADDRESS _____
STREET CITY / STATE ZIP CODE

NAME OF PHYSICIAN _____ TELEPHONE (____) _____

ADDRESS _____
STREET CITY / STATE ZIP CODE

Are you allergic to any type of medication? YES NO

If YES, please give type or details: _____

Do you have any special physical conditions that might create illness? (e.g., diabetes, heart condition, pacemaker, etc.)



**NOTE: THIS INFORMATION IS KEPT CONFIDENTIAL AND IS USED FOR YOUR PROTECTION ONLY
THIS FORM WILL BE DISCARDED AFTER THE CONFERENCE**