



**2010 AWBD Annual Conference  
Comprehensive Registration Form  
Thursday June 17 – Saturday June 19, 2010  
Henry B. Gonzalez Convention Center  
San Antonio, 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 forms. This form 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, TX 77388 or fax to: 281/350-7092**

**• Deadline for “Early Bird” Registration and payment is May 7, 2010 •**

Registrations received no later than the close of business May 7, 2010 will be charged at the rate of \$345.00 for members and \$690.00 for non-members. A \$50.00 administrative fee is assessed for each conference registration cancelled on or before May 7, 2010. There will be no refunds after May 7, 2010. Registrations made after May 7, 2010 will be charged at the rate of \$395.00 for members and \$790.00 for non-members. Any registrations received after May 27, 2010 are subject to a late fee of \$100.00 per registration and do not guarantee the registrant seating at food functions nor receipt of conference materials or hospitality items. **All registrations are non-transferable.**

NAME: \_\_\_\_\_ SPOUSE/GUEST: \_\_\_\_\_  
(Must be 21 years of age or older)

MEMBER DISTRICT OR FIRM: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ COUNTY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

DAYTIME PHONE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**1. ANNUAL CONFERENCE REGISTRATION**

\_\_\_\_ @ \$345/member or \$690 non-member by May 7, 2010  
 \_\_\_\_ @ \$395/member or \$790 non-member after May 7, 2010  
 \_\_\_\_ Late fee \$100 for EACH registration after May 27, 2010  
 TOTAL: \$ \_\_\_\_\_

**2. WELCOMING RECEPTION**

Thursday June 17, 5:30 - 7:00 P.M.  
**Delegate and one guest only; no children - strictly enforced.**  
 \_\_\_\_ I will attend  
 \_\_\_\_ I will attend with one guest  
 \_\_\_\_ Sorry, I cannot attend this function

**3. FRIDAY CONTINENTAL BREAKFAST  
DELEGATES ONLY**

\_\_\_\_ I will attend  
 \_\_\_\_ I will not attend

**4. SPOUSE COFFEE**

Friday, June 18 - **NO CHARGE TO ATTEND**  
 \_\_\_\_ My spouse will attend the coffee  
 \_\_\_\_ Sorry, my spouse cannot attend

**5. FRIDAY LUNCHEON  
DELEGATES ONLY**

\_\_\_\_ I will attend  
 \_\_\_\_ I will not attend

**6. SATURDAY CONTINENTAL BREAKFAST  
DELEGATES ONLY**

\_\_\_\_ I will attend  
 \_\_\_\_ I will not attend

**7. SATURDAY LUNCHEON  
DELEGATES ONLY**

\_\_\_\_ I will attend  
 \_\_\_\_ I will not attend

TOTAL OF REGISTRATION FEES FOR CONFERENCE EVENTS:

GRAND TOTAL: \$ \_\_\_\_\_

Check enclosed for \$ \_\_\_\_\_

**-AWBD EVENT HOLD HARMLESS AGREEMENT-**

As part of the consideration for registration and for participation in the Association of Water Board Directors-Texas Annual Conference and/or the Golf Tournament (the "Conference" and the "Sport Event," respectively) and in connection with the submission of this registration form, I warrant and represent that I am in the physical condition necessary to participate in the Conference an/or to compete in the Sport event and 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 either the Conference or the Sport Event including specifically, any injury, death, or damage due to the negligence of AWBD, its trustees, officers, employees, committee members, and volunteers.

\_\_\_\_\_  
Signature

# 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**