

REGISTRATION FORM

RMSAWWA Water Distribution Workshop

Meeting Date: August 26, 2010

Meeting Location: Steamboat Springs CO

Cost: \$60.00 members; \$70.00 for non-members.

Training can be applied to operator certification and certificates will be available at the workshop.

Mr. Mrs. Ms. Last Name: \_\_\_\_\_ First Name \_\_\_\_\_

Badge Name: \_\_\_\_\_ Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Suite # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Province: \_\_\_\_\_

ZIP/Postal Code: \_\_\_\_\_

Work Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

System Size \_\_\_\_\_ PWSID#: \_\_\_\_\_

Registration types: \_\_\_\_\_ Member RMWEA# \_\_\_\_\_ RMSAWWA # \_\_\_\_\_

Registration fees: \$ \_\_\_\_\_ Registration total \$ \_\_\_\_\_

Please register by contacting TEAMS using information below. Registration fee must accompany registration form.

\*\*\*\*\*NO CREDIT CARD PAYMENTS ACCEPTED AT THE DOOR\*\*\*\*\*

Payment type: Check # \_\_\_\_\_ MasterCard \_\_\_\_\_ Visa \_\_\_\_\_

Account #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

<p>Teams Office:  Contact Name: _____    Phone: _____    Fax: _____</p>
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e-mail: registration@GETEAMS.com  
TEAMS  
2170 S. Parker Road # 290  
Denver, CO 80231  
P-303.394.2022 \*F-303.394.3450