



Registration Form

2018 AWPA TECHNICAL COMMITTEE MEETINGS

September 9-13, 2018

Marriott Copley Place Hotel ~ Boston, Massachusetts



I PLAN TO ATTEND THE FOLLOWING TECHNICAL COMMITTEE MEETINGS

- | | | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|
| <input type="checkbox"/> P-1 | <input type="checkbox"/> P-3 | <input type="checkbox"/> P-4 | <input type="checkbox"/> P-5 | <input type="checkbox"/> P-6 | <input type="checkbox"/> P-8 | <input type="checkbox"/> P-9 |
| <input type="checkbox"/> S-2 | <input type="checkbox"/> S-3 | <input type="checkbox"/> S-8 | | | | |
| <input type="checkbox"/> T-1 | <input type="checkbox"/> T-2 | <input type="checkbox"/> T-3 | <input type="checkbox"/> T-4 | <input type="checkbox"/> T-7 | <input type="checkbox"/> T-8 | |

ATTENDEE INFORMATION

Name of Attendee _____ (as you want it to appear on badge)

Name of Spouse/Guests (\$50 per person to attend all receptions) _____

Organization _____

Address _____

City _____ State/Prov. _____ ZIP/PC _____

Country _____ Email _____

Telephone _____ Fax _____

Special Needs (food allergies, sight, hearing, mobility, etc.) _____

REGISTRATION FEES in U.S. Dollars

AWPA Member Rate

Non-Member Rate*

Early Registration (payment received on or before July 31)	\$295.....	\$395
Pre-Registration (payment received August 1-21)	\$375.....	\$475
On-Site Registration (September 9-13).....	\$425.....	\$525
Spouse/Guest Registration (to attend receptions)	\$50.....	\$50

NOTE: NO REFUNDS WILL BE ISSUED FOR CANCELLATIONS.

* Please consider applying for membership (through the end of 2018) to take advantage of AWPA member rates. The member rate will be honored if accompanied by a membership application and if the membership is approved. www.awpa.com/membership/index.asp

PAYMENT INFORMATION

Enclosed is a personal or company check in the amount of \$ _____ USD drawn on a U.S. bank.

Please charge \$ _____ to my credit card: Visa MasterCard Discover American Express

Cardholder Name _____ Signature _____

Cardholder's Address (if different from above) _____

City _____ State/Prov. _____ Zip/PC _____

Country _____ Telephone _____

Credit Card Number _____ Exp. Date _____

American Wood Protection Association

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