

Guest/Spouse Registration Form

2008 APWA International Public Works Congress & Exposition
New Orleans Convention Center • New Orleans, Louisiana • August 17-20, 2008

1 REGISTRATION INFORMATION

Badge Nickname (e.g. Dave, Jen, "Doc", "Smiley", etc.)	Last Name	First Name	
Title	Organization/Company		
Street Address/P.O. Box			
City	State/Province	Zip/Postal Code	Country
Daytime Phone	Fax Number		
Emergency Contact (Please list someone NOT traveling with you.)			Emergency Contact Phone Number

2 CONGRESS INFORMATION

CONGRESS WEEK - Circle Amount	Registration Fee
<input type="checkbox"/> (o) Guest/Spouse Registration with Banquet	\$206.30
<input type="checkbox"/> (p) Guest/Spouse Registration without Banquet	\$165
Please carry over to Section 3.	TOTAL: _____

Guest/Spouse registration entitles you to attend all education sessions, visit the exhibit floor and enjoy the Sunday night Get Acquainted Party.

Guest/Spouse can also register for all these activities plus participate in the Wednesday night Banquet for \$206.30. Please be sure to check the appropriate box above.*

ABOUT REGISTRATION:

1. This form must be completed and returned with full payment before your registration can be processed.
2. Please complete a separate registration form for each Congress participant.
3. Fees are in US Funds.

THIS PRE-REGISTRATION FORM IS GOOD ONLY UNTIL AUGUST 1, 2008.

No pre-registration forms will be accepted after August 1, 2008. After August 1, 2008, registrations will be accepted onsite only. Onsite registration will begin Saturday, August 16, 2008.

QUESTIONS? Call APWA's registration company at 817-635-4135 Monday through Friday from 8 a.m. – 4 p.m. CST. To register for workshops and events not listed on this form, visit APWA's Web Resource www.apwa.net/congress or call 816-472-6100.

3 PAYMENT INFORMATION

Total From Section 2 \$ _____

Check # _____ enclosed (*Payable to APWA*)

Government Voucher or Purchase Order # _____

Credit Card: **Check One**

Visa MasterCard American Express

Card # _____

Expiration Date _____

Print name as it appears on the card _____

Signature Required _____

Date _____

YOUR CREDIT CARD WILL BE CHARGED IMMEDIATELY.

4 MAILING INSTRUCTIONS

Mail Completed Registration Form with Payment to:

American Public Works Association
PO Box 843742
Kansas City, MO 64184-3742

OR FAX Credit Card Payments to:
817-277-7616

Important: If you FAX your registration form please DO NOT mail a form and risk duplicate billing.

APWA's Federal ID # is 36-220-2880