

Registration Form

New York Marriott Marquis, 1535 Broadway, New York, NY 10036

WEF MEMBER#(please provide above) Or check here if \square Nonmember					
First Name	MI	Last Name			
Title					
Company or Organization					
Mailing Address					
City	State	Zip			
Telephone Number	Cell	Number Fax Number			
Email address (to receive con	Email address (to receive confirmation)				
DEMOGRAPHICS This inform	ation must be provided to proce	ess your registration			
1. What is the nature of your	organization? (ORG) (mark	2. What is your Primary JOB FUNCTION? (JOB) (mark one			
one only)		only)			
01 Public/Private, Wastewater and/or Drinking vutility, authority)	Nater and/ or Stormwater (e.g. municipality,	01 Management: Upper or Senior (e.g., President, Vice President, Owner, Executive Director, Director, General Manager, etc.)			
02 Public/Private Wastewater only (e.g. municip 03 Public/Private Drinking Water only (e.g. mun 04 Industrial Systems/Plants (Manufacturing, Pr	icipality, utility, authority)	02 Management: Engineering, Laboratory, Operations, Inspection, Maintenance (e.g., Superintendent, Manager, Section Head, Department Head, Chief Engineer, Division Head, Landscape Architect, etc.)			
05 Consulting or Contracting Firm (e.g., Enginee		03 Engineering & Design Staff (e.g., Consulting Engineer, Civil Engineer, Mechanical Engineer, Chemical Engineer, Landscape Architect, Environmental/Wetland Scientist, etc.)			
Architecture) 06 State, Federal, Regional Government Agency		04 Scientific & Research Staff (e.g., Chemist, Biologist, Analyst, Lab Technician, Environmental/Wetland Scientist, etc.)			
07 Research or Analytical Laboratories 08 Educational Institution (Colleges, & Universit	ies Libraries Non-profits & other related	05 Operations/Inspection & Maintenance (e.g., Shift Supervisor, Foreman, Plant Operator, Service Representative, Collection Systems Operator, BMP Inspector/maintenance, etc.)			
organizations)		06 Purchasing/Marketing/Sales (e.g., Purchasing, Sales Person, Market Representative, Market Analyst, etc.)			
09 Manufacturer of Water/Wastewater/Stormy		07 Educator (e.g., Professor, Teacher, etc.)			
10 Water/Wastewater/Stormwater Product Dist 11 Public/Private Stormwater (MS4) ProgramOn		08 Student			
12 Public Finance, Investment, and Banking	.,	09 Elected or Appointed Public Official (Mayor, Commissioner, Board or Council Member, etc.)			
13 Non-profits (e.g., Trade association, NGO, Ad	vocacy, etc.)	10 Other (please specify)			
99 Other (please specify)	·				
3. Are you a first time Great Water Cities attendee? Yes No					

In accordance with WEF's emergency preparedness plan, all participants of this conference are required to provide the following information. This information will only be used in the event of an emergency.

EMERGENCY CONTACT* Emergency Contact information is	SMS ALERTS Would you like to receive SMS text alerts from WEF
mandatory to complete your registration	in case of an emergency? (check one)
Name:	☐ Opt-in SMS in the event of an emergency
Relationship:	☐ Opt-out SMS in the event of an emergency
Phone/Mobile Number:	Registrant's Mobile Number:



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Fee

Registration Incudes:	Member	Nonmember	Total
Welcome ReceptionContinental BreakfastProgram AccessLunch	□ \$275	□ \$400	

Payment Check: (Payable in U.S. funds to	WEF) ☐ Personal Check #	_ ☐ Company Check #		
Credit Card: ☐ MasterCard ☐ VISA ☐ American Express				
Name on Card				
Billing Address				
CVV Code	Expiration Date			
Card Number				
Signature				

Cancellation Policy

All cancellation requests must be submitted in writing with a detailed explanation by April 28, 2017. A 25% administrative fee will be deducted from all refunds. Registrants who fail to notify WEF of cancellations by April 28, will be liable for the full registration fee.

Registration Deadline

The last day to register in advance is April 28, 2017. After this date you must register onsite at the conference.

Please either fax or mail		Registration Questions?
Fax Form to:	Mail Form to :	Email: registration@wef.org
703-684-2471	WEF	or call 703-684-2441
	GWC2017 Registration	
	601 Wythe Street	
	Alexandria, VA 22314	