

2020 SPRING SYMPOSIUM - REGISTRATION FORM

CAPE CORAL, FL

20/20 CLEAR VISION FOR MEMBRANES IN THE FUTURE

MAY 31- JUNE 3, 2020

Name: _____ Title: _____ Company: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Ph: _____ Cell: _____ Fax: _____

License Type: _____ License Class (i.e., A, B, C, or D): _____ State: _____ License/PE #: _____

E-mail: _____ Website: _____

Registration & Payment must be received by: **4/2/20 On or After 4/3/20**
 Amount (includes CEUs/PDHs)

Members \$375 \$425 _____

Non-Members \$425 \$475 _____

Full-Time Student (must submit Student ID w/registration) \$225 \$275 _____

One Day Only (please indicate which day) \$275 \$275 _____

Mon Tues Wed

Guest Welcome Reception Ticket(s)

of _____ Adults (18) \$25 \$35 _____

of _____ Children (12 and under are free)

Cannot Attend - Purchase CD Only: \$ 30 \$ 30 _____

Exhibitor Package: \$750 _____

Sponsor: Platinum: \$1,500 Gold: \$1,250 Silver: \$1000 _____

Total Registration Fee \$ _____

Payment Type: Credit Card Check (Mail to 354 NW Alice Ave. Stuart, FL 34994)

Credit Card Number: _____ Expiration Date: _____ CCV: _____

Billing Address _____

Special Needs: <input type="checkbox"/> Wheelchair Access <input type="checkbox"/> Visually Impaired <input type="checkbox"/> Hearing Impaired <input type="checkbox"/> Vegetarian Meals <input type="checkbox"/> Other _____



I will attend the following functions, which are included in the registration fee:			
Welcome Reception	Sun., May 31	5:30 - 7:30 p.m.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Networking Reception	Mon., June 1	4:30 - 6:30 p.m.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Operator Challenge	Tue., June 2	4:15 - 4:45 p.m.	<input type="checkbox"/> Yes <input type="checkbox"/> No
PowerPoints will be available for download online.			
If you prefer a CD, indicate your request for CD.			<input type="checkbox"/> I Would Like a CD