



**2023 AWBD Annual Conference
Comprehensive Registration Form
Thursday June 22 – Saturday June 24, 2023
AmericanBank Center
Corpus Christi, TX**



If a check does not accompany form, the District or Firm will be billed.

Use One Form Per Person • Photocopies May Be Used • No On Site Registration

To register, complete the registration and emergency forms. This form is for a delegate and one guest only; also includes link for virtual access. Indicate the events you or your guest will attend. Please print or type all information requested and return with appropriate payment or billing instructions to:

AWBD Registration, 11700 Katy Fwy Ste 450, Houston, TX 77079 or fax to: 281/350-7092

• Deadline for “Early Bird” Registration is March 29, 2023 •

Registrations received no later than the close of business March 29, 2023 will be charged at the rate of \$435.00 for members and \$870.00 for non-members. Registrations made after March 29, 2023 will be charged at the rate of \$485.00 for members and \$970.00 for non-members. Any registration accepted after May 10, 2023 will be charged \$585.00 for members and \$1170.00 for non-members per registration and does not guarantee the registrant seating at food functions nor receipt of conference materials or hospitality items.

Cancellation Policy: All Cancellations must be made in writing. A \$50.00 administrative fee is assessed for each conference registration cancelled on or before May 10, 2023. There will be no refunds after May 10, 2023.

All registrations are non-transferable.

NAME: _____ SPOUSE/GUEST: _____

(Must be 21 years of age or older)

MEMBER DISTRICT OR FIRM: _____

BILLING ADDRESS: _____

CITY: _____ COUNTY: _____ STATE: _____ ZIP: _____

DAYTIME PHONE NUMBER: _____ EMAIL: _____

1. ANNUAL CONFERENCE REGISTRATION

- ___ \$435/member or \$870 non-member by March 29, 2023
- ___ \$485/member or \$970 non-member by May 10, 2023
- ___ \$585/member or \$1170 non-member after May 10, 2023
- ___ \$970/member or \$1940 non-member **ON SITE.**

No tickets issued.

No giveaway bag.

“DELEGATE” badge will be issued.

TOTAL: \$ _____

2. THURSDAY WELCOMING RECEPTION

5:30 - 7:00 P.M.

Delegate and one guest only; no one under 21 - strictly enforced.

- ___ I will attend
- ___ I will attend with one guest
- ___ Sorry, I cannot attend this function

3. FRIDAY CONTINENTAL BREAKFAST

DELEGATES ONLY

- ___ I will attend
- ___ I will not attend

4. FRIDAY LUNCHEON

DELEGATES ONLY- WITH BADGE & TICKET

- ___ I will attend
- ___ I will not attend

5. SATURDAY CONTINENTAL BREAKFAST

DELEGATES ONLY

- ___ I will attend
- ___ I will not attend

6. SATURDAY LUNCHEON

DELEGATES ONLY- WITH BADGE & TICKET

- ___ I will attend
- ___ I will not attend

GRAND TOTAL FOR CONFERENCE EVENT: \$ _____

Check enclosed for: \$ _____

-AWBD EVENT HOLD HARMLESS AGREEMENT-

As part of the consideration for registration and for participating in the Association of Water Directors – Texas (“AWBD”) Conference (the “Conference”), I warrant and represent that I am in the physical condition necessary to participate in the Conference. I further agree to indemnify and hold harmless AWBD and each of its trustees, officers, employees, committee members, and volunteers with respect to any personal injury or death or any property loss or damage suffered or caused as a result of my participation in the Conference, specifically any injury, death or damage due to the negligence of AWBD, its trustees, officers, employees, committee members, and volunteers. I further acknowledge that the Conference is being photographed and/or videotaped by the Association for publication, display, distribution, and/or broadcast, including television and the world wide web. By attending and/or participating in this event, I consent to be photographed and/or videotaped and waive any and all claims regarding the use of my image.

By submittal, you agree to the AWBD Event Hold Harmless Agreement.

Signature of registrant

AWBD EMERGENCY DATA FORM

NAME _____

RESIDENCE ADDRESS _____
STREET CITY / STATE ZIP CODE

DISTRICT / CONSULTANT NAME _____

ADDRESS _____
STREET CITY / STATE ZIP CODE

WHERE ARE YOU STAYING DURING THE CONFERENCE? LOCATION / HOTEL _____

ROOM NUMBER _____ PHONE NUMBER _____

IN THE EVENT OF AN EMERGENCY, PLEASE NOTIFY:

NAME _____ TELEPHONE (____) _____

ADDRESS _____
STREET CITY / STATE ZIP CODE

RELATIONSHIP OF THIS PERSON TO YOU _____

IN THE EVENT THAT PERSON CANNOT BE REACHED, WHO SHOULD BE CONTACTED?

NAME _____ TELEPHONE (____) _____

ADDRESS _____
STREET CITY / STATE ZIP CODE

NAME OF PHYSICIAN _____ TELEPHONE (____) _____

ADDRESS _____
STREET CITY / STATE ZIP CODE

Are you allergic to any type of medication? YES NO

If YES, please give type or details: _____

Do you have any special physical conditions that might create illness? (e.g., diabetes, heart condition, pacemaker, etc.)



NOTE: THIS INFORMATION IS KEPT CONFIDENTIAL AND IS USED FOR YOUR PROTECTION
ONLY THIS FORM WILL BE DISCARDED AFTER THE CONFERENCE