



**2025 AWBD Annual Conference  
Comprehensive Registration Form  
Thursday, June 12 – Saturday, June 14, 2025  
Henry B. Gonzalez Convention Center  
San Antonio, 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; it also includes a link for virtual access. Indicate the events you and/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 February 26, 2025 •**

Registrations received no later than the close of business February 26, 2025, will be charged at the rate of \$465.00 for members and \$930.00 for non-members. Registrations made after February 26, 2025, will be charged at the rate of \$515.00 for members and \$1,030.00 for non-members. Any registration accepted after April 30, 2025, will be charged \$615.00 for members and \$1,230.00 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 April 30, 2025. There will be no refunds after April 30, 2025.

**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**

\_\_\_\_ \$465/member or \$930 non-member by February 26, 2025

\_\_\_\_ \$515/member or \$1,030 non-member by April 30, 2025

\_\_\_\_ \$615/member or \$1,230 non-member after April 30, 2025

\_\_\_\_ \$1030/member or \$2,060 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: \$ \_\_\_\_\_

**- AWBD Event Hold Harmless Agreement and Expected Behavior Policy -**

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 give my consent to be photographed and/or videotaped and waive any and all claims regarding the use of my image.

It is the policy of the Association of Water Board Directors - Texas (“AWBD”) that attendees at AWBD events are expected to exhibit reasonable behavior at all times. Attendees who engage in disorderly conduct (including, but not limited to, profanity, threatening behavior, destruction of property, and any other type of misbehavior) are subject to removal from and/or denial of admission to AWBD events.

**By submittal, you agree to the AWBD Event Hold Harmless Agreement and Expected Behavior Policy.**

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