



2026 AWBD Midwinter Conference
Comprehensive Registration Form
Friday, January 23 - Saturday, January 24
Marriott Marquis Houston
Houston, Texas



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 data forms. This form is for a delegate and one guest only. 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 August 27, 2025 •

Registrations received no later than the close of business on August 27, 2025, will be charged at the rate of \$390.00 for members and \$780.00 for non-members. Registrations made after August 27, 2025, will be charged at the rate of \$440.00 for members and \$880.00 for non-members. Any registrations accepted after December 10, 2025, will be charged \$540.00 per registration for members and \$1080.00 for non-members and does not guarantee the registrant seating at food functions nor receipt of conference material or hospitality items.

Cancellation Policy: All cancellations must be made in writing. A \$50.00 administrative fee is assessed for each conference registration canceled on or before December 10, 2025. There will be no refunds after December 10, 2025.

All registrations are non-transferable

NAME: _____ **Spouse/Guest Name:** _____
(Must be 21 years of age or older)

MEMBER DISTRICT OR FIRM: _____

BILLING ADDRESS: _____

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

DAYTIME PHONE NUMBER: _____ / _____ **E-mail:** _____
area code number

1. MIDWINTER CONFERENCE REGISTRATION

____ \$390/member or \$780/non-member **by August 27, 2025**

____ \$440/member or \$880/non-member **by December 10, 2025**

____ \$540/member or \$1080/non-member **after December 10.**

____ \$880/member or \$1760/non-member **on-site.**

No tickets issued.

No giveaway bag.

“DELEGATE” badge will be issued.

2. MIDWINTER CONFERENCE WELCOMING RECEPTION

Friday evening, January 23: Delegate and one guest only; no one under 21 – strictly enforced.

____ I will attend

____ My guest and I will attend

____ I will not attend

3. MIDWINTER CONFERENCE CONTINENTAL BREAKFAST

DELEGATES ONLY

Saturday, January 24

____ I will attend

____ I will not attend

4. MIDWINTER CONFERENCE LUNCHEON

DELEGATES ONLY - WITH BADGE & TICKET

Saturday, January 24

____ I will attend

____ I will not attend

➡ 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? (please circle) 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