

PARTICIPANT REGISTRATION 2004 Environmental Training Institute for Small Communities
July 27-30, 2004 • Morgantown, West Virginia
presented by The National Environmental Training Center for Small Communities



Register:

Mail/Phone

National Environmental Training Center
 for Small Communities
 P.O. Box 6064, West Virginia University
 Morgantown, WV 26506-6064
 (800) 624-8301 or (304) 293-4191, ext. 5536

Fax

(304) 293-3161 (ATTN: Sandy Miller)

E-mail

smiller2@wvu.edu

Online (print registration form and fax or mail)

www.netc.wvu.edu

PLEASE PRINT:

First Name: _____ MI: _____ Last Name: _____

First name as it should appear on your name tag: _____

Title: _____

Company/Organization: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Country: _____

Phone #1: _____ Phone # 2: _____

Fax: _____

E-mail: _____

Web Site: _____

Exhibitor? Yes No Instructor/Speaker? Yes No

Co-Sponsor? Yes No Local Official Fee Waiver? Yes No

Co-sponsor ID# (if applicable): _____

Special needs (please specify): _____

Do you plan to use the hotel shuttle service? _____ Exhibitor? Yes No

Do you plan to use the free Institute hotel shuttle service? Yes No

Your Affiliation (please check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> National/Regional Organization | <input type="checkbox"/> Community |
| <input type="checkbox"/> Manufacturer/Environmental Co. | <input type="checkbox"/> Congress |
| <input type="checkbox"/> Congressional Staff | <input type="checkbox"/> Operator |
| <input type="checkbox"/> Contractor/Developer/Builder | <input type="checkbox"/> Press/Mass Media |
| <input type="checkbox"/> Consultant/Engineer | <input type="checkbox"/> Private Citizen |
| <input type="checkbox"/> Local Health Department | <input type="checkbox"/> Regional District |
| <input type="checkbox"/> Educational Institution | <input type="checkbox"/> Senate |
| <input type="checkbox"/> Federal Agency | <input type="checkbox"/> Senate Staff |
| <input type="checkbox"/> Federal EPA | <input type="checkbox"/> Service District |
| <input type="checkbox"/> State Agency/Government | <input type="checkbox"/> Indian Tribe |
| <input type="checkbox"/> International Agency | <input type="checkbox"/> State Organization |
| <input type="checkbox"/> Legal Profession | <input type="checkbox"/> Training Organization |
| <input type="checkbox"/> Real Estate Organization | <input type="checkbox"/> Library |
| <input type="checkbox"/> Local Government | <input type="checkbox"/> Financial Institution |

Have you attended NETCSC's Environmental Training Institute in the past?

Yes: No:

If yes, please indicate which year: 2000 2001 2002 2003

Your Interest/Expertise (please check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Adult Education | <input type="checkbox"/> Planning/Management |
| <input type="checkbox"/> Design | <input type="checkbox"/> Public Education |
| <input type="checkbox"/> Drinking Water | <input type="checkbox"/> Regulations |
| <input type="checkbox"/> Enforcement/Compliance | <input type="checkbox"/> Research |
| <input type="checkbox"/> Finance | <input type="checkbox"/> Security |
| <input type="checkbox"/> Non-Point Source | <input type="checkbox"/> Solid Waste |
| <input type="checkbox"/> Operation/Maintenance | <input type="checkbox"/> Training |
| <input type="checkbox"/> Outreach | <input type="checkbox"/> Wastewater |

The following activities are included in the participant registration fee.
 However, an **RSVP** is requested to reserve your space at the event.

I will attend "An Evening with Exhibitors" Reception. Yes No
 # guests? _____

I will attend the Luncheon and Program. Yes No
 # guests? _____

I will attend the Cookout at Coopers Rock State Forest. Yes No
 # guests? _____

	Tuesday		Wednesday		Thursday		Friday	
Drinking Water	A	B	F		L	M	S	
Wastewater	C		G		N	O	T	
Security	D			J	Q		U	
Finance	E		H	K	R		W	
			I				X	

PARTICIPANT REGISTRATION FEE:

Please check the registration option of your choice. Please register early as session occupancy is limited.

	Early Bird Fee	Regular Fee
	(By June 30)	(After June 30)
Full-Week Participation (5 days):	<input type="checkbox"/> \$319	<input type="checkbox"/> \$379
One-Day Participation:	<input type="checkbox"/> \$98 per day	<input type="checkbox"/> \$138 per day
	(x _____ days)	(x _____ days)

Payment/agency purchase order and registration must be received by June 30 to qualify for the early bird savings. Registration fee includes attendance at all Institute sessions selected, training materials and handouts for each session, Exhibit Hall admittance, and morning and afternoon refreshment breaks. Optional course materials may be available at the Institute for an additional fee.

TOTAL PARTICIPANT REGISTRATION FEE: _____

PAYMENT METHOD (Please indicate form of payment):

Personal Check Agency Check Agency Purchase Order
 Please make checks payable to **WVU Research Corporation**.

Credit Card:

(Type of Card: MasterCard VISA Discover)

Name on Credit Card: _____

Card Number: _____

Expiration Date: _____

Signature: _____

Required for credit card payment.

Registration confirmation will be issued upon receipt of Participant Registration.

TOTAL PAYMENT SUBMITTED: _____