

**36th ANNUAL IRWA TECHNICAL CONFERENCE
ON-SITE REGISTRATION FORM
(Please Print!)**

Name of Attendee: _____

System/Company Name: _____ Phone: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

E-mail Address: _____

FULL (access to Technical Sessions, Exhibit Hall, All Meals and activities for 3 days)

Member: \$200.00 _____

Non-Member joining S.O.U.P. Membership +
Conference: (Pro-rated dues of \$21.00)

Non-Member: \$250.00 _____

\$221.00 _____

PARTIAL (access to Technical Sessions & Exhibit Hall, Meal and entertainment of the day)

Member: \$170.00 _____

Non-Member joining S.O.U.P. Membership +
Conference: (Pro-rated dues of \$21.00)

Non-Member: \$210.00 _____

\$191.00 _____

**ALL FEES MUST BE PAID WHEN REGISTERING;
WE CANNOT DO PURCHASE ORDERS OR SPECIAL BILLING.**

PAID BY:

Cash \$ _____ Check # _____ (payable to IRWA)

Credit Card – (circle: Visa, MC, AMEX, or Discover)

**Is name on credit card the same as registrant? If no: _____

**CUSTOMER COPY
IRWA CONFERENCE REGISTRATION RECEIPT**

DATE: _____

AMOUNT PAID: _____

RECEIVED BY: _____