



2010 ANNUAL CONFERENCE REGISTRATION
Chicago, IL
JULY 15-16, 2009

Organization _____

Address _____

City _____ **State** _____ **Zip code** _____

Participant's Information:

Name: _____

Title: _____

Phone: _____

Email: _____

PRE-REGISTRATION (if payment is received by July 1, 2010)

_____ Pre-registration fee for a Guest \$ 189.00

REGISTRATION (if payment is received after July 1, 2010)

_____ Registration fee for Guest \$ 209.00

SPECIAL DIETARY REQUESTS

_____ Special Food Request for luncheons on July 15 and 16 \$ 10.00
Provide specifications _____

Mail check and registration form to:
AGWA Annual Conference
PO Box 8481
Seminole FL 33775

AGWA Phone: 727-366-9334 Email: customerservice@agwa.us