



AIR & WASTE MANAGEMENT  
ASSOCIATION  
SINCE 1907

**ROCKY MOUNTAIN STATES SECTION  
AIR AND WASTE MANAGEMENT ASSOCIATION  
2014 TECHNICAL CONFERENCE  
October 30, 2014  
MARRIOT DENVER WEST - GOLDEN, COLORADO**

REGISTRANT INFORMATION			
Last	First		
Address	City	State	Zip
Title	Company		
Phone	Fax	Email	

SCHEDULE OF FEES		
CATEGORY	RATE	DESCRIPTION
A&WMA Member	\$120	Includes technical program and meals (breakfast, lunch, and snacks) for current AWMA members.
Non-Member	\$160	Includes technical program and meals (breakfast, lunch, and snacks) for attendees who are currently not AWMA members.
Student	\$50	Includes technical program and meals (breakfast, lunch, and snacks) for college students. Students may be requested to assist with conference activities.
Government Employee	\$90	Includes technical program and meals (breakfast, lunch, and snacks) discounted for government employees.
Unemployed Job Seekers	\$0	Includes technical program and meals (breakfast, lunch, and snacks) for unemployed attendees. All attendees registering at this rate will be assigned tasks to assist the conference committee. Anyone registering at this rate <b>must</b> register in advance (no walk-ins at this rate category).
Organizations sending 5 or more people	\$10 discount/person	Discount applies to any single organization registering 5 or more people. Please complete separate registration forms for each attendee and submit together. Indicate the discounted rate category in space provided below.
<i>Indicate discounted rate category</i>		
<b>Total Remittance</b> →		Pay by Check or Credit Card (see below)

PAYMENT INFORMATION	
<b>Pay by Check or Credit Card:</b> <b>Checks</b> – payable to RMSS-AWMA <b>Credit cards</b> – complete information below <i>Sorry, no purchase orders accepted.</i>	<b>Send To:</b> Sara Nuttall Castle Peak Environmental PO Box 270214 Louisville, Colorado 80027 <a href="mailto:snuttall@castlepeakenv.com">snuttall@castlepeakenv.com</a> phone: 303-345-1188

CREDIT CARD PAYMENTS			
Name as it appears on card:			
Registrant's Name (if it is different than cardholder):			
Credit Card Number: _____ - _____ - _____ - _____			
Expiration Date: ___ / ___		Daytime Phone:	
Billing Street Address:	City	State	Zip
Signature of cardholder authorizing payment:			
Amount authorized to be charged (your registration cost – see above): \$			