

Submit this completed registration form with payment to MWEA at [mwea@mi-wea.org](mailto:mwea@mi-wea.org)

### EXHIBITOR/SPONSOR INFORMATION (\*required field):

Point of Contact First Name\*: \_\_\_\_\_ Point of Contact Last Name\*: \_\_\_\_\_  
 Employer/Company/Organization\*: \_\_\_\_\_  
 Point of Contact Email\* (for event confirmation & event specific information only): \_\_\_\_\_  
 Address\*: \_\_\_\_\_ City\*: \_\_\_\_\_ State\*: \_\_\_\_\_ Zip\*: \_\_\_\_\_  
 Work Phone\*: \_\_\_\_\_ Cell Phone (for emergency contact purposes only)\*: \_\_\_\_\_  
 Name of Billing/Admin Contact (if applicable): \_\_\_\_\_ Billing/Admin Department Contact Number (if applicable): \_\_\_\_\_  
 Billing/Admin Contact's Email for Receipts/Invoices if Different than Attendee's (if applicable): \_\_\_\_\_

### PAYMENT INFORMATION

CHECK APPLICABLE METHOD OF PAYMENT\*:  Credit Card  Check Enclosed (payable to MWEA)  Invoice Me  Purchase Order #: \_\_\_\_\_  
**Required completion if paying by Credit Card:**  
 Credit Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Credit Card Billing Zip Code: \_\_\_\_\_  
 Credit Card Billing Address if Different Than Above: \_\_\_\_\_  
 Credit Card Approval Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

### CHECK THE FOLLOWING BOXES AS APPLICABLE:

**CECs and/or PDHs:** Yes; I want to receive Continuing Education Credits (CECs) and/or Professional Development Hours (PDHs) for participation in this event.  
 **Exhibitor and/or Sponsors:** Yes; I would like to receive email communication from event exhibitors and/or sponsors, if applicable.  
 **Dietary Restriction:** Yes; the participating representative has dietary restrictions & they include the following: \_\_\_\_\_

### MWEA FALL 2021 EXHIBITING AND/OR SPONSORSHIP OPPORTUNITIES

MWEA SEMINAR INFO <i>Circle each applicable event you would like to register for. Multiple events may be selected.</i>	EXHIBITOR AND/OR SPONSOR PACKAGE INCLUSIONS <i>Online registration and MWEA cancellation policies are also available at <a href="http://www.mi-wea.org">www.mi-wea.org</a>.</i>	RATES
Industrial Pretreatment Programs (IPP) Seminar SEPT. 28, 2021 Eagle Eye Golf Course & Banquet Center, East Lansing, MI	Exhibiting at a MWEA Seminar Includes: <ul style="list-style-type: none"><li>ONE Complimentary Registration to each MWEA Seminar at which you Exhibit</li></ul>	\$245
Collections Seminar OCT. 7, 2021 Eagle Eye Golf Course & Banquet Center, East Lansing, MI	<i>Please provide the name and contact email for the representative that will be utilizing the included complimentary registration here:</i> <b>Name:</b> _____ <b>Contact Email:</b> _____	\$245
Maintenance Seminar OCT. 27, 2021 Eagle Eye Golf Course & Banquet Center, East Lansing, MI	<ul style="list-style-type: none"><li>Logo/Name on all advertising</li><li>Name on final agenda</li><li>Logo in power point loops</li><li>Attendee final count &amp; list of participants</li></ul>	\$245
Watershed & Stormwater Seminar DEC. 7, 2021 Eagle Eye Golf Course & Banquet Center, East Lansing, MI	<ul style="list-style-type: none"><li>Opportunity to provide swag, gifts, and/or prize drawing for participants (at your own cost)</li><li>60 seconds to give a company update during the Seminar at time designated by MWEA staff</li><li>6' Exhibit Table at In-Person Seminar to use for displaying signage, product materials, swag, etc</li></ul>	\$245
Add Additional Representatives to Attend the Seminar in Which You Are Exhibiting At	Exhibiting includes ONE complimentary registration for an exhibiting representative. Additional registration(s) may be purchased at the discounted rate for a second, third, etc. representative from the exhibiting company/organization to participate.  <i>Please provide the name(s) and contact email(s) of additional representatives you would like to add a discounted registration for. Each additional representative is \$50.</i>  <b>Additional Representative Name:</b> _____ <b>Contact Email:</b> _____  <b>Additional Representative Name:</b> _____ <b>Contact Email:</b> _____  <b>Additional Representative Name:</b> _____ <b>Contact Email:</b> _____  <b>Additional Representative Name:</b> _____ <b>Contact Email:</b> _____	\$50 per additional representative  x QTY: _____  Subtotal: \$ _____
<b>TOTAL DUE:</b>		<b>\$</b>