

LAB TECHNOLOGY DAY – MAY 1, 2025

EXHIBITOR REGISTRATION FORM

COMPANY NAME: _____

LOCAL CONTACT

NAME/TITLE: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____

EMAIL: _____

CORPORATE CONTACT

NAME/TITLE: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____

EMAIL: _____

REPRESENTATIVES MANNING EXHIBIT (REGISTRATION FOR 2 REPRESENTATIVES):

1) _____

2) _____

DESCRIBE PRODUCTS TO BE EXHIBITED:

PLEASE CHECK/ANSWER:

TABLETOP EXHIBIT _____ OR FLOOR EXHIBIT _____; 120-V ELECTRICAL OUTLET? YES _____ NO _____ HOW MANY? _____

PARTICIPATE IN EXHIBITOR BINGO? YES _____ NO _____; FOR EXHIBITOR BINGO WE REQUEST YOU BRING 2 DOOR PRIZES, ONE FOR EACH SESSION (WATER AND WASTEWATER)

ARE THERE ANY OTHER SPECIAL NEEDS YOUR DISPLAY MAY REQUIRE? _____

NUMBER OF SPACES REQUESTED FOR LAB TECHNOLOGY DAY ON **MAY 1, 2025** _____ x \$300.00 = \$ _____ TOTAL

SIGNATURE: _____ DATE: _____

PLEASE MAKE **CHECKS PAYABLE** TO NORTH CAROLINA WATERWORKS OPERATOR ASSOCIATION OR "**NCWOA**".

VISA _____; MC _____; AM EX _____; DISCOVER _____

NAME ON CARD: _____

CC#: _____

EXPIRATION DATE – MONTH: _____ YR _____; CSC: _____

CARDHOLDER SIGNATURE: _____

BILLING ZIP CODE _____

EMAIL FOR RECEIPT: _____

WE ACCEPT CHECKS, CASH, CREDIT CARDS, & MONEY ORDERS. WE DO **NOT** ACCEPT PO#S OR CREDIT CARDS OVER THE PHONE.

**PLEASE MAIL, FAX OR SCAN PAYMENT AND REGISTRATION FORM TO:
HEATHER CAGLE, ADMINISTRATOR**

NCWOA

PO Box 5466 HIGH POINT, NC 27262

PHONE: 252.764.2094 x 1 FAX: 252.764.2095

EMAIL: HEATHER@NCWOA.COM

DEADLINE : APRIL 18, 2025