

2010 Maine Water Conference – Wednesday, March 17, 2010
Individual Registration Form

Registration fee: \$42 Registration fee after March 5: \$55 Student fee (with poster/oral submission): \$25

Payment by credit card or purchase order: Please complete the registration form below (one form for each person registering) along with payment information and return by e-mail, fax or mail.

Payment by check: Please complete the registration form below (one form for each person registering) and return with payment to the address below. Checks should be made payable to the University of Maine.

Completed registration forms with payment should be returned to:

Mail: 2010 MWC, Mitchell Center, University of Maine
5710 Norman Smith Hall, Orono, ME 04469-5710
Fax: 207/581-3320
Email: UMGMC@maine.edu

Name: _____

Organization: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Fax:** _____ **E-mail:** _____

Registration fee: \$42 (regular) \$55 (late) \$25 (student with poster)

Payment type: Check Credit Card Purchase Order

Request vegetarian lunch option?: Yes No

Other dietary restrictions?: _____

Please select the morning and afternoon sessions that are of most interest.

Full session descriptions and speaker lists are available at www.umaine.edu/waterresearch:

- | | | | |
|--------------------|--|--------------------|--|
| Session AM: | <input type="checkbox"/> A Safe Drinking Water | Session PM: | <input type="checkbox"/> F Safe Drinking Water (cont.) |
| | <input type="checkbox"/> B Urban to Pristine | | <input type="checkbox"/> G Biotic & Abiotic Influences on WQ |
| | <input type="checkbox"/> C Legislative Roundtable | | <input type="checkbox"/> H Extreme Events |
| | <input type="checkbox"/> D Public Outreach & Education | | <input type="checkbox"/> I Public Outreach & Ed (cont.) |
| | <input type="checkbox"/> E Regional Partnerships | | <input type="checkbox"/> J Regional Partnerships (cont.) |
| | | | <input type="checkbox"/> K Data |

Payment by credit card:

Card type: MasterCard Visa **Expiration Date:** _____

Credit card number: _____ **7JJ'7cXY** _____

Name on card: _____

Number of registrations to be charged: _____ **Amount to be charged:** _____

Payment by Purchase Order:

Contact on PO: _____ **Contact Phone:** _____

Purchase Order Number: _____

No. of registrations on PO: _____ **Amount of PO:** _____



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