

**Municipal Waste Management Association Fall Summit
Conference Registration
October 28 -30, 2009
Orlando, FL**

REGISTRATION FORM

Name _____ Title: _____

Organization _____

Street Address _____

City _____ State _____ Zip _____

Telephone (_____) _____ Fax (_____) _____

*Email Address _____

(Must be completed)

Preferred Name on Badge _____

Attendee(s) has special needs: Yes No (If yes, USCM will contact.)

Family Members Attending: (No fee for spouses and children under 18 years of age)

Name of Spouse/Partner _____ \$150.00

**Please check the appropriate registration category:
(Registration will not be processed if category is not checked)**

- Registration Fee
REQUIRED**
- MWMA/SWAC
 PUBLIC SECTOR
 PRIVATE SECTOR

- Registration Fee
NOT REQUIRED**
- Additional Exhibitor _____
 Speaker: Session (USCM Staffer)

Registration Fees:

	<u>MWMA/SWAC</u>	<u>Public Sector</u>	<u>Private Sector</u>
Advance Registration <i>(Payable by September 18)</i>	\$425	\$550	\$625.00
Late/Onsite <i>(After September 18 and On-Site)</i>	\$475	\$600	\$675.00

Checks or purchase orders for payment of registration fees should be made payable to: The United States Conference of Mayors. Refunds will be made for cancellations received in writing by October 16, (less a \$200 service fee). NO REFUNDS will be made for cancellations received after October 16, 2009.

CREDIT CARD AUTHORIZATION: Please note that by submitting your card information, you are authorizing USCM Meetings Department to use the card below to pay your registration fee.

Credit Card Type: AMEX ___ MC ___ VISA ___ Other(specify) _____
 Credit Card No. _____ Exp. Date: _____
 Signature: _____
 (USCM Only) Authorization Code _____ Date: _____

The United States Conference of Mayors
Attention: Monica B. Adams
1620 Eye Street, N.W., Washington, DC 20006
Telephone (202) 861-6789 --- Fax (202)467-4276

**PLEASE SEE HOTEL INFORMATION PDF
FOR THE HOTEL RESERVATION REQUEST FORM**