

CAPCA FALL ATTENDEE APPLICATION & DUES FORM

Mail to: 6300 Creedmoor Road • Suite 170-351 • Raleigh, N.C. 27612 • (919) 676-6368

Name: _____

Job Title: _____ Preference on Name Tag: _____

Please check appropriate category: Academia Consultant Equipment Sales Industry

Environmental Services & Supply Legal Regulatory Utility Student Other _____

Government: State/Local/Federal/Municipality How many years have you worked in the industry? _____

Company or Agency: _____

Mailing Address: _____

City/State/Zip: _____

Telephone: (____) _____ Fax: (____) _____

E-mail: _____

Attendee Booth Worker; Booth # _____

To save natural resources, please indicate if you need the following: I need a certificate of attendance.
 Additional Receipt Required for expense report.

ENCLOSED IS MY PAYMENT FOR THE FOLLOWING: FED I.D. #58-1314418

- ___ \$35 Member Dues
- ___ ~~\$120~~ Workshop: Stack Testing 101
- ___ \$415 Member Registration
- ___ \$545 Non-Member Registration
- ___ \$295 Government Rate
- Government Member Registration (Must be current CAPCA Member who is a Government Regulatory Agency Employee, Government: State/Local/Federal Municipality)**
- ___ \$295 Retired Current CAPCA Member
- ___ \$595 Walk-In
- ___ \$ _____ Total Guest/Spouse Registration Enclosed
- ___ \$75 Golf

CAPCA may have photographs taken at this meeting. By registering for this meeting, you acknowledge and consent to the use of your likeness and any photographs taken of you in connection with CAPCA's marketing and promotional materials in any media whatsoever, including but not necessarily limited to, the use of any such photographs of you on the CAPCA website.

NO ACKNOWLEDGMENT WILL BE SENT.

MAKE A COPY FOR YOUR RECORDS.

CAPCA OFFICE USE ONLY

Check/Cash received: ___ yes ___ no

Check # _____ Date Received _____

___ Dues..... \$ 35

___ Registration Member \$ 415

___ Registration Non-member \$ 545

___ Government Rate..... \$ 295

___ Retired Member..... \$ 295

___ Walk-In..... \$ 595

___ Workshop..... \$ 120

___ Guest..... \$ _____

___ Golf..... \$ 75

Amount Paid \$ _____

Signature of Board Member

SPOUSE OR GUEST REGISTRATION FORM: (1 guest per CAPCA attendee)

Participant's Name _____

Spouse/Guest's Name _____

\$75 Wednesday Night Symposium

\$50 Thursday Lunch

\$75 Thursday Night Symposium

\$50 Friday Lunch

\$ _____ Total Amount Owed for Spouse/Guest