

# CAPCA SPRING 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 # \_\_\_\_\_  Young Professional

**Additional Receipt Required for expense report.**

FED I.D. #58-1314418

ENCLOSED IS MY PAYMENT FOR THE FOLLOWING:

- \_\_\_\_\_ \$50 Member Dues
- \_\_\_\_\_ \$165 Workshop - (circle) Emission Factors and Tools for Calculating Emissions or The Intersection of Air Quality and Safety
- \_\_\_\_\_ \$475 Member Registration
- \_\_\_\_\_ \$640 Non-Member Registration
- \_\_\_\_\_ \$345 Government Rate

**Government Member Registration (Must be current CAPCA Member who is a Government Regulatory Agency Employee, Government: State/Local/Federal Municipality)**

- \_\_\_\_\_ \$345 Retired Current CAPCA Member
- \_\_\_\_\_ \$345 Speakers Attending The Entire Meeting
- \_\_\_\_\_ \$700 Walk-In
- \_\_\_\_\_ \$ \_\_\_\_\_ Total Guest/Spouse Registration Enclosed

## CAPCA OFFICE USE ONLY

Check/Cash received: \_\_\_ yes \_\_\_ no

Check # \_\_\_\_\_ Date Received \_\_\_\_\_

\_\_\_ Dues .....\$50  
 \_\_\_ Registration member .....\$475  
 \_\_\_ Registration non-member .....\$640  
 \_\_\_ Government Rate.....\$345  
 \_\_\_ Retired Member Rate.....\$345  
 \_\_\_ Walk-In.....\$700  
 \_\_\_ Workshop.....\$165  
 \_\_\_ Guest..... \$ \_\_\_\_\_

Amount Paid \$ \_\_\_\_\_

Signature of Board Member \_\_\_\_\_

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

Participant's Name \_\_\_\_\_

Spouse/Guest's Name \_\_\_\_\_

\$85 Wednesday Night Symposium

\$60 Thursday Lunch

\$85 Thursday Night Symposium

\$ \_\_\_\_\_ Total Amount Owed for Spouse/Guest

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.**