

# FREE EXHIBIT PASS



## 2009 APWA International Public Works Congress & Exposition

September 13-15, 2009 | Columbus Convention Center | Columbus, Ohio

[www.apwa.net/congress](http://www.apwa.net/congress)



# You're invited to attend as our guest!

Are you a first-time attendee?  Yes  No

### What is your job function?

- |   |   |
|---|---|
| <input type="checkbox"/> Department Head            | <input type="checkbox"/> Foreman - Crew Chief     |
| <input type="checkbox"/> Senior-Level Manager       | <input type="checkbox"/> Public Administrator     |
| <input type="checkbox"/> Mid-Level Manager          | <input type="checkbox"/> Admin. - Support Staff   |
| <input type="checkbox"/> Project Mgr./ Professional | <input type="checkbox"/> Operations - Field Staff |
| <input type="checkbox"/> Other _____                |   |

### What is your purchasing authority?

- |   |                                  |
|---|----------------------------------|
| <input type="checkbox"/> Final decision | <input type="checkbox"/> Specify |
| <input type="checkbox"/> Recommend      | <input type="checkbox"/> No role |

### When will you attend? (please pick one)

- Sunday  Monday  Tuesday

Children under the age of 18 must be accompanied by an adult and be registered onsite. If you need services or equipment pursuant to the Americans with Disabilities Act (ADA), please call APWA at 816-472-6100 ext., 5241.

**EXHIBIT HOURS:** Sun 12-4, Mon 10-3, Tue 10-2

**COMPLIMENTS OF BOOTH #**

Badge Nickname (e.g. Dave, Sue, "Doc," "Smiley," etc.) \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Title \_\_\_\_\_

Organization/Company Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_

Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Phone \_\_\_\_\_

### MAIL TO:

APWA Registration CRI  
2020 E. Randol Mill Rd., Suite 307  
Arlington, TX 76011

**OR FAX TO:** 817-277-7616