



Registration Form

Attendee Information

First Name _____ Last Name _____ Designation(s): _____

CA/AP/IS/RWHM/etc.

Job Title _____ Company _____

Business Address _____

City _____ State/Province _____ ZIP/Postal Code _____

Country (Outside USA) _____ Telephone (_____) _____ Fax (_____) _____

E-mail (Confirmation e-mails sent to this) _____

Attendee Profile

Primary Focus

- Individual Equipment Sales
 Designer/Installer Manufacturer

Do you own a rainwater system?

- Yes
 No

Are you a first time Attendee?

- Yes
 No

Conference Registration

Registration Options	Early Bird Ends 10/9/15	On-Site After 10/9/15
ARCSEA Member Full Registration – Monday 11/9 thru Thursday 11/12 Includes ARCSEA Sessions, both days of Exhibition, ARCSEA's Social, select IA Irrigation Seminars, and Irrigation Alliance Gala (ARCSEA Evening Social on 11/9 and IA Evening Celebration 11/10)	<input type="checkbox"/> \$299	<input type="checkbox"/> \$350
Non-Member Full Registration – Monday 11/9 thru Thursday 11/12 Includes ARCSEA Sessions, both days of Exhibition, ARCSEA's Social, select IA Irrigation Seminars, and Irrigation Alliance Gala (ARCSEA Evening Social on 11/9 and IA Evening Celebration 11/10)	<input type="checkbox"/> \$419	<input type="checkbox"/> \$475
Exhibits Only– Wednesday 11/11 & Thursday 11/12 Access to Exhibition Hall for both days	<input type="checkbox"/> \$40	<input type="checkbox"/> \$50
Student Full Registration: Includes ARCSEA Sessions, both days of Exhibition, ARCSEA's Social, select IA Irrigation Seminars, and Irrigation Alliance Gala (ARCSEA Evening Social on 11/9 and IA Evening Celebration 11/10)	<input type="checkbox"/> \$90	<input type="checkbox"/> \$140
Guest Registration Available to spouses or significant others of fully paid registrants who do not work in the rainwater or irrigation industry. Allows access to both days of the exhibition, and Tuesday's IA opening night party. Limit one per paid full registration. ARCSEA Social, one per registration form	<input type="checkbox"/> \$65 <input type="checkbox"/> \$25	<input type="checkbox"/> \$75 <input type="checkbox"/> \$25

Guest Information:

First Name _____ Last Name _____ Occupation _____

Payment Information

Total \$	Credit Card Number	Expiration Date
Cardholder Name	Cardholder Signature	

REMITTANCE

Scan/Email completed form to registration@epicreg.com
Or Fax to 980-233-3800

CHECK PAYMENTS: Payable to ARCSEA,
ARCSEA Registration, 10900 Granite Street, Charlotte, NC 28273

REGISTRATION QUESTIONS? Contact registration@epicreg.com or dial 980-233-3777; (toll free) 866-692-2066

For ARCSEA Educational Workshop Registration see the ARCSEA website at www.arcsea.org