



**CARIBBEAN WATER AND
WASTEWATER ASSOCIATION
VIRTUAL CONFERENCE &
EXHIBITION**

October 19th-23rd, 2020

**Individual Registration
Information Form**

Primary Contact Information

First Name		Last Name	
Company		Title	
Address		Country	
Phone #		Email	

Membership Status

MEMBER **NON-MEMBER** **UNSURE**

Please send membership information **YES**

NO

If you are unsure of your membership status, please contact the CWWA Secretariat at cwwattsecretariat@gmail.com

SIGNATURE OF ATTENDEE/PRESENTER _____

DATE _____



One Individual Registration Form is to be filled for each person that is in the Group for all Group payments

Completed Forms Should Be Emailed to
cwwaconference2020@gmail.com