

COMPLIMENTARY EXHIBITOR PERSONNEL REGISTRATION FORM
AND HOUSING APPLICATION

1982 Annual Conference and Exposition
Miami Beach, Florida — May 16-20, 1982

PLAINTIFF'S EXHIBIT

CAP-932

- Instructions: 1. Both the Conference Registration and Hotel Reservation portions *must* be completed.
Form may be duplicated - one form per registrant.
2. Full payment by check or credit card *must* accompany registration form.
3. Registrations must be received by **May 10** to qualify for advance registration rates.
4. Registrant and spouse or guest should register on same form.
5. Registration cancellations or replacements will be accepted until **May 16, 1982**.
6. AWWA will acknowledge conference registration; hotels will confirm hotel reservations.
7. Mail Form to: AWWA Conference
6666 W. Quincy Avenue
Denver, CO 80235

Cut here

NAME

Name for Badge

Title

Company CAPCO PIPE COMPANY, INC

Address P.O. Box 3435

City Birmingham State or Province AL

Country U.S.A. Zip 35255

Phone 205 - 933 - 7281

Spouse or Guest
If Registering

ADVANCE REGISTRATION

Before May 10

After May 1

Exhibit Area Only Sunday-Wednesday

Complimentary ^{HHC}

Circle Choices:

Spouse Program

With Banquet

\$95 SAA

\$105 SA

Without Banquet

60 SBB

70 SB

Exhibit Area Only

10 SCC

20 SC

Extra Banquet Tickets @ \$35 each

II

No.

TOTAL FEES \$

\$

AWWA Member ☒ Yes A. ☐ No B. Member Number 22179

Make Payment Payable to AWWA (in US Funds).

☐ Personal Check

☐ Company Check

☐ Purchase Order

Visa ☐ Mastercard ☐ American Express ☐

Card Number Exp. Date

Form may be duplicated—one form per registrant.



EXHIBITOR APPLICATION FOR HOUSING

Instructions:

1. Fill in all requested information.
Incomplete forms will delay room assignment.
2. Arrival/Departure dates and times must be shown.
3. Do not send room deposit with application.
Wait for instructions from hotel assigned.

Name of Conference Registrant _____

Company CAPCO PIPE COMPANY, INC.
Address P. O. Box 3435
City Birmingham, State or Province Alabama Zip 35255
Telephone 205-933-7281

Arrival Date May 16 Arrival Time 12:00 n AM/PM Departure Date May 20

Hotel Preferred	Accommodations Requested	Rate Desired
1st Choice <u>Fontainebleau Hilton</u>	☐ Single One bed, one person	\$ _____
2nd Choice <u>Doral</u>	☐ Double One bed, two persons	_____
3rd Choice <u>Eden Roc</u>	☐ Twin Two beds	_____

Room s will be occupied by bracket names of persons sharing a room.

	NAME	ADDRESS	CITY	STATE
1		<u>P. O. Box 3435,</u>	<u>Birmingham,</u>	<u>Alabama</u>
2		<u>P. O. Box 3435,</u>	<u>Birmingham,</u>	<u>Alabama</u>
3				
4				

Send confirmation to:

☐ Registrant
☒ Other — Name La Donna Gibbs
Company CAPCO PIPE COMPANY, INC.
Address P. O. Box 3435
City Birmingham, State Alabama Zip 35255

MAIL ENTIRE REGISTRATION/HOUSING FORM TO:

AWWA Conference
6666 West Quincy Avenue
Denver, CO 80235

Call Ken 1-800 327-8331
305/531-0000

**COMPLIMENTARY EXHIBITOR PERSONNEL REGISTRATION FORM
AND HOUSING APPLICATION**

Joyce McKen

**1982 Annual Conference and Exposition
Miami Beach, Florida — May 16-20, 1982**

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6666 W. Quincy Avenue
Denver, CO 80235

Cut here

NAME

Name for Badge BILL PERRELL

Title Vice President - SALES

Company CAPCO PIPE COMPANY, INC.

Address P.O. Box 3435

City Birmingham State or Province AL

Country USA Zip 35255

Phone 205 - 933 - 7281

Spouse or Guest _____
If Registering)

ADVANCE REGISTRATION

Before May 10

After May 1

Exhibit Area Only Sunday-Wednesday

Complimentary HH

(Circle Choices)

Spouse Program

With Banquet

\$95 SAA

\$105 SA

Without Banquet

60 SBB

70 SB

Exhibit Area Only

10 SCC

20 SC

Extra Banquet Tickets _____ @ \$35 each

(No.)

TOTAL FEES \$ _____

\$ _____

AWWA Member X Yes A. _____ No B. Member Number 22179

Make Payment Payable to AWWA (in US Funds).

_____ Personal Check

_____ Company Check

_____ Purchase Order

Visa _____ Mastercard _____ American Express _____

Card Number _____ Exp. Date _____

Form may be duplicated—one form per registrant.



Better Water
for the Americas

EXHIBITOR APPLICATION FOR HOUSING

Instructions:

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Incomplete forms will delay room assignment.
2. Arrival/Departure dates and times must be shown.
3. Do not send room deposit with application.
Wait for instructions from hotel assigned.

Name of Conference Registrant W. R. (Bill) Perrell
Company CAPCO PIPE COMPANY, INC.
Address P. O. Box 3435
City Birmingham, State or Province Alabama Zip 35255
Telephone 205-933-7281

Arrival Date May 16 Arrival Time 12:00 n AM/PM Departure Date May 20

Hotel Preferred	Accommodations Requested	Rate Desired
1st Choice <u>Fontainebleau Hilton</u>	☐ Single (One bed, one person)	\$ <u>75</u>
2nd Choice <u>Doral</u>	☒ Double (One bed, two persons)	\$ <u>65</u>
3rd Choice <u>Eden Roc</u>	☐ Twin (Two beds)	\$ <u>70</u>

Room(s) will be occupied by (bracket names of persons sharing a room).

	NAME	ADDRESS	CITY	STATE
1.	<u>Bill Perrell</u>	<u>P. O. Box 3435,</u>	<u>Birmingham,</u>	<u>Alabama</u>
2.	<u>Pat Perrell</u>	<u>P. O. Box 3435,</u>	<u>Birmingham,</u>	<u>Alabama</u>
3.				
4.				

Send confirmation to:

☐ Registrant
☒ Other — Name La Donna Gibbs
Company CAPCO PIPE COMPANY, INC.
Address P. O. Box 3435
City Birmingham, State Alabama Zip 35255

MAIL ENTIRE REGISTRATION/HOUSING FORM TO:

AWWA Conference
6666 West Quincy Avenue
Denver, CO 80235

COMPLIMENTARY EXHIBITOR PERSONNEL REGISTRATION FORM AND HOUSING APPLICATION

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6666 W. Quincy Avenue
Denver, CO 80235

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NAME

Name for Badge Sam Leyschock
Title Vice Pres - Operations
Company CAPCO PIPE COMPANY, INC.
Address P.O. Box 3435
City Birmingham State or Province AL
Country USA Zip 35255
Phone 205 - 933 - 7281

Spouse or Guest _____
(If Registering)

ADVANCE REGISTRATION

Before May 10

After May 1

(Circle Choices)

Exhibit Area Only Sunday-Wednesday

Complimentary HH

Spouse Program

With Banquet

\$95 SAA

\$105 SA

Without Banquet

60 SBA

70 SB

Exhibit Area Only

10 SCC

20 SC

Extra Banquet Tickets _____ @ \$35 each

(No.)

TOTAL FEES \$ _____

\$ _____

AWWA Member X Yes A. _____ No B. Member Number 22179

Make Payment Payable to AWWA (in US Funds).

_____ Personal Check

_____ Company Check

_____ Purchase Order

Visa _____ Mastercard _____ American Express _____

Card Number _____ Exp. Date _____

Form may be duplicated—one form per registrant.



Better Water
for the Americas

EXHIBITOR APPLICATION FOR HOUSING

Instructions:

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Incomplete forms will delay room assignment.
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3. Do not send room deposit with application.
Wait for instructions from hotel assigned.

Name of Conference Registrant S.G. (Sam) Leyshock
Company CAPCO PIPE COMPANY, INC.
Address P. O. Box 3435
City Birmingham, State or Province Alabama Zip 35255
Telephone 205-933-7281
Arrival Date May 16 Arrival Time 12:00 n AM/PM Departure Date May 20

Hotel Preferred	Accommodations Requested	Rate Desired
1st Choice <u>Fontainebleau Hilton</u>	☐ Single (One bed, one person)	\$ <u>75</u>
2nd Choice <u>Doral</u>	☒ Double (One bed, two persons)	<u>65</u>
3rd Choice <u>Eden Roc</u>	☐ Twin (Two beds)	<u>70</u>

Room(s) will be occupied by (bracket names of persons sharing a room).

	NAME	ADDRESS	CITY	STATE
1.	<u>Sam Leyshock</u>	<u>P. O. Box 3435,</u>	<u>Birmingham,</u>	<u>Alabama</u>
2.	<u>Neta Leyshock</u>	<u>P. O. Box 3435,</u>	<u>Birmingham,</u>	<u>Alabama</u>
3.				
4.				

Send confirmation to:

☐ Registrant

☒ Other — Name La Donna Gibbs
Company CAPCO PIPE COMPANY, INC.
Address P. O. Box 3435
City Birmingham, State Alabama Zip 35255

MAIL ENTIRE REGISTRATION/HOUSING FORM TO:

AWWA Conference
6666 West Quincy Avenue
Denver, CO 80235

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Denver, CO 80235

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NAME

Name for Badge HOMER T. JOHNSON
Title Territory Manager
Company CAPCO PIPE COMPANY, INC.
Address P.O. Box 3435
City Birmingham State or Province AL
Country USA Zip 35255
Phone 205 - 933 - 7281

Spouse or Guest _____
(If Registering)

ADVANCE REGISTRATION	Before May 10	After May 1
Exhibit Area Only Sunday-Wednesday	(Circle Choices) <u>Complimentary HH</u>	—
Spouse Program		
With Banquet	\$95 SAA	\$105 SA
Without Banquet	60 SAA	70 SB
Exhibit Area Only	10 SCC	20 SC
Extra Banquet Tickets _____ @ \$35 each	_____	_____
(No.)		
TOTAL FEES \$ _____		\$ _____

AWWA Member X Yes A. _____ No B. Member Number 22179

Make Payment Payable to AWWA (in US Funds).

_____ Personal Check
_____ Company Check
_____ Purchase Order
Visa _____ Mastercard _____ American Express _____

Card Number _____ Exp. Date _____

Form may be duplicated—one form per registrant.



Better Water
for the Americas

EXHIBITOR APPLICATION FOR HOUSING

Instructions:

1. Fill in all requested information.
Incomplete forms will delay room assignment.
2. Arrival/Departure dates and times must be shown.
3. Do not send room deposit with application.
Wait for instructions from hotel assigned.

Name of Conference Registrant Homer T. Johnson
Company CAPCO PIPE COMPANY, INC.
Address P. O. Box 3435
City Birmingham, State or Province Alabama Zip 35255
Telephone 205-933-7281
Arrival Date May 16 Arrival Time 12:00 n AM/PM Departure Date May 20

Hotel Preferred	Accommodations Requested	Rate Desired
1st Choice <u>Fontainebleau Hilton</u>	☒ Single (One bed, one person)	\$ <u>75</u>
2nd Choice <u>Doral</u>	☐ Double (One bed, two persons)	<u>65</u>
3rd Choice <u>Eden Roc</u>	☐ Twin (Two beds)	<u>70</u>

Room(s) will be occupied by (bracket names of persons sharing a room).

	NAME	ADDRESS	CITY	STATE
1.		<u>P. O. Box 3435,</u>	<u>Birmingham,</u>	<u>Alabama</u>
2.		<u>P. O. Box 3435,</u>	<u>Birmingham,</u>	<u>Alabama</u>

NOTE:

3. Registrant will occupy hospitality
4. suite bedroom if possible.

Send confirmation to:

☐ Registrant

☒ Other — Name La Donna Gibbs
Company CAPCO PIPE COMPANY, INC.
Address P. O. Box 3435
City Birmingham, State Alabama Zip 35255

MAIL ENTIRE REGISTRATION/HOUSING FORM TO:

AWWA Conference
6666 West Quincy Avenue
Denver, CO 80235

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7. Mail Form to: AWWA Conference
6666 W. Quincy Avenue
Denver, CO 80235

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NAME

Name for Badge Rutt Riddle

Title Territory Manager

Company CAPCO PIPE COMPANY, INC

Address P.O. Box 3435

City Birmingham State or Province AL

Country USA Zip 35255

Phone 205 - 933 - 7281

Spouse or Guest _____
(If Registering)

ADVANCE REGISTRATION

Before May 10

After May 1

(Circle Choices)

Exhibit Area Only Sunday-Wednesday

Complimentary HH

Spouse Program

With Banquet

\$95 SAA

\$105 SA

Without Banquet

60 SBB

70 SB

Exhibit Area Only

10 SCC

20 SC

Extra Banquet Tickets _____ @ \$35 each

(No.)

TOTAL FEES \$ _____

\$ _____

AWWA Member X Yes A. _____

No B. _____

Member Number 22179

Make Payment Payable to AWWA (in US Funds).

_____ Personal Check

_____ Company Check

_____ Purchase Order

Visa _____ Mastercard _____ American Express _____

Card Number _____ Exp. Date _____

Form may be duplicated—one form per registrant.



Better Water
for the Americas

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Wait for instructions from hotel assigned.

Name of Conference Registrant Rutt Riddle
Company CAPCO PIPE COMPANY, INC.
Address P. O. Box 3435
City Birmingham, State or Province Alabama Zip 35255
Telephone 205- 933-7281

Arrival Date May 16 Arrival Time 12:00 n AM/PM Departure Date May 20

Hotel Preferred	Accommodations Requested	Rate Desired
1st Choice <u>Fontainebleau Hilton</u>	☐ Single (One bed, one person)	\$ <u>75</u>
2nd Choice <u>Doral</u>	☐ Double (One bed, two persons)	<u>65</u>
3rd Choice <u>Eden Roc</u>	☒ Twin (Two beds)	<u>70</u>

Room(s) will be occupied by (bracket names of persons sharing a room).

1. Rutt Riddle P. O. Box 3435, Birmingham, Alabama
2. John Prechek P. O. Box 3435, Birmingham, Alabama
3. _____
4. _____

Send confirmation to:

☐ Registrant

☒ Other — Name La Donna Gibbs
Company CAPCO PIPE COMPANY, INC.
Address P. O. Box 3435
City Birmingham, State Alabama Zip 35255

MAIL ENTIRE REGISTRATION/HOUSING FORM TO:

AWWA Conference
6666 West Quincy Avenue
Denver, CO 80235

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6666 W. Quincy Avenue
Denver, CO 80235

Cut here

NAME
Name for Badge Bob Coon
Title Territory Manager
Company CAPCO PIPE COMPANY, INC.
Address P.O. Box 3435
City Birmingham State or Province AL
Country USA Zip 35255
Phone 205 - 933 - 7281
Spouse or Guest _____
If Registering)

ADVANCE REGISTRATION	Before May 10	After May 1
Exhibit Area Only Sunday-Wednesday	(Circle Choices) <u>Complimentary</u>	
Spouse Program		
With Banquet	\$95 SAA	\$105 SA
Without Banquet	60 SBA	70 SB
Exhibit Area Only	10 SCC	20 SC
Extra Banquet Tickets _____ @ \$35 each	_____	_____
(No.)		
TOTAL FEES \$ _____		\$ _____

AWWA Member X Yes A. _____ No B. Member Number 22179

Make Payment Payable to AWWA (in US Funds).

_____ Personal Check
_____ Company Check
_____ Purchase Order
Visa _____ Mastercard _____ American Express _____

Card Number _____ Exp. Date _____

Form may be duplicated—one form per registrant.



EXHIBITOR APPLICATION FOR HOUSING

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Wait for instructions from hotel assigned.

Name of Conference Registrant Bob Coon
Company CAPCO PIPE COMPANY, INC.
Address P. O. Box 3435
City Birmingham, State or Province Alabama Zip 35255
Telephone 205-933-7281

Arrival Date May 16 Arrival Time 12:00 n AM/PM Departure Date May 20

Hotel Preferred	Accommodations Requested	Rate Desired
1st Choice <u>Fontainebleau Hilton</u>	☐ Single (One bed, one person)	\$ <u>75</u>
2nd Choice <u>Doral</u>	☐ Double (One bed, two persons)	<u>65</u>
3rd Choice <u>Eden Roc</u>	☒ Twin (Two beds)	<u>70</u>

Room(s) will be occupied by (bracket names of persons sharing a room).

	NAME	ADDRESS	CITY	STATE
1.	<u>Bob Coon</u>	<u>P. O. Box 3435,</u>	<u>Birmingham,</u>	<u>Alabama</u>
2.	<u>Carl Woodworth</u>	<u>P. O. Box 3435,</u>	<u>Birmingham,</u>	<u>Alabama</u>
3.				
4.				

Send confirmation to:

☐ Registrant
☒ Officer — Name La Donna Gibbs
Company CAPCO PIPE COMPANY, INC.
Address P. O. Box 3435
City Birmingham, State Alabama Zip 35255

MAIL ENTIRE REGISTRATION/HOUSING FORM TO:

AWWA Conference
6666 West Quincy Avenue
Denver, CO 80235

COMPLIMENTARY EXHIBITOR PERSONNEL REGISTRATION FORM AND HOUSING APPLICATION

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7. Mail Form to: AWWA Conference
8666 W. Quincy Avenue
Denver, CO 80235

Cut here

NAME
Name for Badge John Prechek
Title Territory Manager
Company CAPCO PIPE COMPANY, INC
Address P.O. Box 3435
City Birmingham State or Province AL
Country USA Zip 35255
Phone 205 - 933 - 7281
Spouse or Guest _____
If Registering)

ADVANCE REGISTRATION	Before May 10	After May 1
Exhibit Area Only Sunday-Wednesday	(Circle Choices) <u>Complimentary HH</u>	—
Spouse Program		
With Banquet	\$95 SAA	\$105 SA
Without Banquet	\$0 SBA	70 SB
Exhibit Area Only	10 SCC	20 SC
Extra Banquet Tickets _____ @ \$35 each	_____	_____
(No.)		
TOTAL FEES \$ _____		\$ _____
AWWA Member <u>X</u> Yes A. _____ No B.	Member Number <u>22179</u>	

Make Payment Payable to AWWA (in US Funds).

_____ Personal Check
_____ Company Check
_____ Purchase Order
Visa _____ Mastercard _____ American Express _____

Card Number _____ Exp. Date _____

Form may be duplicated—one form per registrant.

CAPCO JEN 0020879



EXHIBITOR APPLICATION FOR HOUSING

Instructions:

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Incomplete forms will delay room assignment.
2. Arrival/Departure dates and times must be shown.
3. Do not send room deposit with application.
Wait for instructions from hotel assigned.

Name of Conference Registrant John Prechek

Company CAPCO PIPE COMPANY, INC.
Address P. O. Box 3435
City Birmingham, State or Province Alabama Zip 35255
Telephone 205-933-7281

Arrival Date May 16 Arrival Time 12:00 n AM/PM Departure Date May 20

Hotel Preferred	Accommodations Requested	Rate Desired
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2nd Choice <u>Doral</u>	☐ Double (One bed, two persons)	<u>65</u>
3rd Choice <u>Eden Roc</u>	☒ Twin (Two beds)	<u>70</u>

Room(s) will be occupied by (bracket names of persons sharing a room).

	NAME	ADDRESS	CITY	STATE
1.	<u>John Prechek</u>	<u>P. O. Box 3435,</u>	<u>Birmingham,</u>	<u>Alabama</u>
2.	<u>Ruth Riddle</u>	<u>P. O. Box 3435,</u>	<u>Birmingham,</u>	<u>Alabama</u>
3.				
4.				

Send confirmation to:

☐ Registrant

☒ Other — Name La Donna Gibbs
Company CAPCO PIPE COMPANY, INC.
Address P. O. Box 3435
City Birmingham, State Alabama Zip 35255

MAIL ENTIRE REGISTRATION/HOUSING FORM TO:

AWWA Conference
6666 West Quincy Avenue
Denver, CO 80235

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Denver, CO 80235

Cut here

NAME

Name for Badge Carl Woodward

Title Territory Manager

Company CAPCO PIPE COMPANY, INC.

Address P.O. Box 3435

City Birmingham State or Province AL

Country USA Zip 35255

Phone 205 - 933 - 7281

Spouse or Guest _____
If Registering)

ADVANCE REGISTRATION

Before May 10

After May 1

(Circle Choices)

Exhibit Area Only Sunday-Wednesday

Complimentary HH

Spouse Program

With Banquet

\$95 SAA

\$105 SA

Without Banquet

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70 SB

Exhibit Area Only

10 SCC

20 SC

Extra Banquet Tickets _____ @ \$35 each

(No.)

TOTAL FEES

\$ _____

\$ _____

AWWA Member X Yes A.

_____ No B.

Member Number 22179

Make Payment Payable to AWWA (in US Funds).

_____ Personal Check

_____ Company Check

_____ Purchase Order

Visa _____ Mastercard _____ American Express _____

Card Number _____ Exp. Date _____

Form may be duplicated—one form per registrant.



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Wait for instructions from hotel assigned.

Name of Conference Registrant Carl Woodworth

Company CAPCO PIPE COMPANY, INC.
Address P. O. Box 3435
City Birmingham, State or Province Alabama Zip 35255
Telephone 205- 933-7281

Arrival Date May 16 Arrival Time 12:00 n AM/PM Departure Date May 20

Hotel Preferred	Accommodations Requested	Rate Desired
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3rd Choice <u>Eden Roc</u>	☒ Twin (Two beds)	<u>70</u>

Room(s) will be occupied by (bracket names of persons sharing a room).

	NAME	ADDRESS	CITY	STATE
1.	<u>Carl Woodworth</u>	<u>P. O. Box 3435,</u>	<u>Birmingham,</u>	<u>Alabama</u>
2.	<u>Bob Coon</u>	<u>P. O. Box 3435,</u>	<u>Birmingham,</u>	<u>Alabama</u>
3.				
4.				

Send confirmation to:

☐ Registrant

☒ Other — Name La Donna Gibbs
Company CAPCO PIPE COMPANY, INC.
Address P. O. Box 3435
City Birmingham, State Alabama Zip 35255

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6666 West Quincy Avenue
Denver, CO 80235