

# 2020 REGISTRATION FORM

Pre-registration is requested. Payment due with registration via check, credit card or purchase order.  
Registrations may be mailed, emailed or faxed. Full refunds will be made if requested in writing by April 3, 2020.  
*Registration must be paid in full before attending conference.*

**R&B Productions, Inc. - Attn: Katie Hart**  
4234 N. Brandywine, Suite D • Peoria, IL 61614  
Phone (309) 693-9667, ext.14; Fax (309) 693-3465 • Email: [KatieH@rbpro1.com](mailto:KatieH@rbpro1.com)

Member Name \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Member # \_\_\_\_\_ All members will be validated on the APWA National Registry. If membership cannot be verified, the registrant will be charged the non-member rate.

OK to release information to vendors

## APWA Awards Dinner – Wednesday, May 6, 2020 6:00pm

\_\_\_\_\_ \$25

## Conference Registration - Thursday, May 7, 2020

\_\_\_\_\_ \$150

\_\_\_\_\_ \$0 (Retired APWA Member)

## PPUATS Registration – Thursday, May 7, 2020

(For employees of governmental agencies in the Tri-County Area-Peoria Woodford & Tazewell Only)

\_\_\_\_\_ \$50

**BREAKFAST AND LUNCH INCLUDED WITH PAID CONFERENCE REGISTRATIONS**

## Dave Marshall Memorial Golf Scramble – Friday, May 8, 2020 WeaverRidge Golf Club

(Fee includes Green Fee, Card and Lunch)

\_\_\_\_\_ \$85 per player

\_\_\_\_\_ \$340 Foursome

➔➔ To participate in the scramble, your company must either be a sponsor, exhibitor, or have paid conference registration. ⬅️⬅️

Player 1. \_\_\_\_\_ / Company: \_\_\_\_\_

Player 2. \_\_\_\_\_ / Company: \_\_\_\_\_

Player 3. \_\_\_\_\_ / Company: \_\_\_\_\_

Player 4. \_\_\_\_\_ / Company: \_\_\_\_\_

\_\_\_\_\_ **GRAND TOTAL**

\_\_\_\_\_ **CHECK** MAKE CHECK PAYABLE TO: APWA ILLINOIS CHAPTER CONFERENCE  
c/o R & B PRODUCTIONS, INC.  
4234 N. BRANDYWINE DRIVE, SUITE D  
PEORIA, IL 61614

\_\_\_\_\_ **CREDIT CARD**

Credit Card #: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ / \_\_\_\_\_ Security Code: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

**RETURN COMPLETED REGISTRATION TO KATIE HART**  
**[katieh@rbpro1.com](mailto:katieh@rbpro1.com) or fax 309-693-3465**