2024 Tennessee Water Well Association Meeting & Trade Show
• CONTRACTOR & VENDOR REGISTRATION •
March 1 - 2, 2024
The Park Vista Hotel • Gatlinburg, Tennessee

NAME __________________________ OFFICE PH ________________________________
COMPANY ____________________________________________________________________
MAILING ADDRESS ____________________________________________________________________
CITY/STATE/ZIP ____________________________________________________________________
EMAIL: __________________________________________________________________________

MEMBERSHIP DUES: Membership dues are paid on a yearly basis and must be paid in order to take
registration discount. First membership in your company $200    Name: ___________________________
Employee member(s) in your company discounted $100 each

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The Park Vista Hotel, Gatlinburg, Tennessee Registration Form

BOOTHs
Exhibiting and Non-Exhibiting
☐ Trade show table, two chairs & two employees

Before January 30  $325  After January 30  $488
Booth Representatives (Please print names clearly.)
1. _______________________________ 2. _______________________________
☐ Additional employees (Must be a member of your company) $75 each

☐ Electric needed $50 per table

SPONSORSHIP OPPORTUNITIES - AVAILABLE TO CONTRACTORS & VENDORS
Our company would like to sponsor the following: Check all that apply
☐ Friday Breakfast Sponsor $375
☐ Friday Lunch Sponsor $760
☐ Friday Night Dinner & Auction Sponsor $1,000
☐ Saturday Breakfast Sponsor $310
☐ Saturday Lunch Sponsor $200
☐ Auction Donor - Any item(s) you would like to donate to our scholarship auction to be held Friday night. You do not have to notify ahead of time for this.
☐ Technology $200
☐ Kids Corner $200
☐ Other ______________ Amount ___________

Please contact Summer for sponsorship before January 30.

SCHOLARSHIP FUND
☐ I would like to donate to the TWWA Scholarship Fund. Amount I wish to donate: $ __________________

FEES PAYMENT POLICIES
To be considered preregistered, full payment must accompany your registration form and be postmarked by January 30, 2024. If paying via credit card, all fields below must be completed.

Please note: a fee of 3.75% will be added to cover the cost of the credit card fee.

☐ Credit Card
☐ Check (make checks payable to TWWA)

Cardholder Name (print) _______________________________________________________________________________
Cardholder Phone ____________________________________________________________________________________
Card Number ______________________________ Exp. Date _______________________
Digit Security Code: ____________________ Address associated with the card _______________________________
Zip Code ______________________________ Cardholder Signature _______________________________________________________________________________

Return registration to tnwaterwellassociation@gmail.com; 3449 Old Airport Road, White Pine, TN 37890 OR Fax 865-761-4354