

## 2026 CWSS Conference

Name ^			
First Name	Last Name		
DPR Number	er * 		
Company N	ame *		
Street Addr	ress *		
City *			
State			
CA			
Zip Code *			

Phone Number \*

Please enter a valid phone number.	
Email *	
	1
example@example.com	
Do we have permission to use your name and contact information in the annual CWSS proceedings?	
○ Yes ○ No	
Will you be attending the Business Luncheon? (It is included in the cost of your registration) *	
○ Yes ○ No	
Registration Options	
Registration includes refreshment breaks, Wednesday night reception, Business luncheon, and 2024 CWSS membership.	
Attendee Information	
If you are registering more than one attendee on this form, please enter the information for each ADDITIONAL person here. You can register UP TO 2 additional attendees per form. Please DO NOT reenter your own information.	
Additional Attendee Name	
First Name Last Name	

**DPR License** 

Additional A	Attendee Name		
First Name	Last Name		
DPR License	e		
Non-Compe	ting Student Name	<b>)</b>	
	Last Name		
First Name			
First Name			
	ting Student Name	<b>.</b>	
	ting Student Name	2	
Non-Compe	eting Student Name		
Non-Compe		<b>3</b>	
Non-Compe		<b>3</b>	
<b>Non-Compe</b> First Name	Last Name		
Non-Compe First Name Competing \$	Last Name		
Non-Compe First Name Competing \$	Last Name Student Name		
Non-Compe First Name Competing S First Name	Last Name Student Name		
First Name  Competing S  First Name	Last Name  Student Name  Last Name		

## **Guest Conference Attendee Name**

First Name

Last Name

First Name	Last Name
Honorary Mem	nher Name
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First Name	Last Name
Llanavany Man	shar Nama
Honorary Mem	iber Name
First Name	Last Name
Paid Via	
On-Site POS	
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	r/Confirmation Num

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Register