

**California Water and Environmental Modeling Forum
Annual Meeting Registration Form**

To register, please register [online](#) or complete this form and send it and the appropriate fee to:

CWEMF
P.O. Box 22529
Sacramento, CA 95822

Please make your check or money order payable to CWEMF.

Registration Information for Individual Members
See next page if you are an employee of an organizational member

Name/Title: _____

Organization: _____

Please check your organization type:

Academic Environmental Consultant Water Agency Government Student Other

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Phone: _____ Fax: _____

Annual Meeting Fees for Individual Members

Please enter amounts and total.

Item	3-Day Fee	1-Day Fee	Amount
Registration Fee and 2017 Individual Membership Fee	\$500	\$250	\$
Registration Fee and 2017 Senior Membership Fee	\$410	\$135	\$
Late Registration Fee (Required after March 6, 2017)	\$50	\$25	\$
2017 Student Membership Fee (Required for students; no charge for student registration or late fee)	\$10	\$10	\$
The membership fee of \$100 includes CWEMF membership until the next Annual Meeting in 2018. The CWEMF is a non-profit organization. Membership fees are 100 percent tax deductible. Federal Tax ID No.: 68-0474890.	Total		\$

Organizational Members

The following organizations are CWEMF Organizational Members:

California Department of Water Resources
California State Water Resources Control Board (does not include Regional Water Boards)
CH2M
Contra Costa Water District
Delta Stewardship Council
East Bay Municipal Utility District
ICF International
Metropolitan Water District of Southern California
U.S. Bureau of Reclamation

If you are an employee of one of these organizations you do not have to pay the individual membership dues. To register for the CWEMF Annual Meeting, please register [online](#) or complete this form and send it and the appropriate fee payable to:

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Sacramento, CA 95822

Registration Information for Organizational Members

Name/Title: _____

Organization: _____

Please check your organization type:

Academic Environmental Consultant Water Agency Government Other

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Phone: _____ Fax: _____

Annual Meeting Fees for Organizational Members

Please enter amounts and total.

Item	3-Day Fee	1-Day Fee	Amount
Registration Fee	\$400	\$150	\$
Late Registration Fee (Required after March 6, 2017)	\$50	\$25	\$
	Total		\$

____ Please check here if you are requesting "Professional Development Hours" (PDHs).