

Dallas Irrigation Association Expo Registration

* Required Information - Please print legibly

*Personal Information -

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Business Information (if business owner) -

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

*Phone Numbers - Cell Phone: _____ Office Phone: _____

*Email (please print) - _____

*Do you wish to receive CEU credits: ☐ Yes (You MUST list your license number below.)
☐ No, I do NOT hold a LI, IT, II or BP license.

*Irrigation License Information (required if you want to receive CEUs) -

Licensed Irrigator: LI _____ BPAT License: BP _____

Licensed Technician: IT _____ Other: _____

Licensed Inspector: II _____

*Expo Registration (choose only one tract)

☐ LI and IT CEU Tract Registration

☐ BPAT CEU Tract Registration

*Select the following role that best describes you as a registrant for the DIA Expo:

- | | | |
|---|---|--|
| <input type="checkbox"/> Business Owner | <input type="checkbox"/> Government Agency Emp. | <input type="checkbox"/> Manufacturer Rep. |
| <input type="checkbox"/> Contractor | <input type="checkbox"/> Landscape Irrigation Architect | <input type="checkbox"/> Other |
| <input type="checkbox"/> Educational Inst. Emp. | <input type="checkbox"/> Distributor | |

Do you want to be listed on DIA's website's "Locate a Contractor"? ☐ Yes ☐ No

If answering "yes", please complete supplemental form and turn it in at the end of the day to be listed.

*Payment: ☐ Credit Card (complete section below) ☐ Check - Nbr. _____

*ALL information below is required for credit card processing -

Name of cardholder: _____

Address associated with card: _____

City: _____ State: _____ Zip: _____

Amount to be charged: \$ _____ Description of charge: DIA Expo Registration Fee

Type of card (select one): ☐ Mastercard ☐ VISA ☐ Discover ☐ American Express

Card number: _____ Expiration: ____ / ____ CSV: _____

With my signature below, I authorize the Dallas Irrigation Association to debit the above selected credit card for amount as shown above.

*Signature: _____ Date: _____