



Joint Workshop
July 14, 2011

Los Coyotes Country Club
8888 Los Coyotes Dr., Buena Park CA
9:30am – 1:00pm
\$50 Members | \$65 Non Members

Please make payment out to Southern California SWANA.

Opening Speaker

Steve Jones

Former California Integrated Waste Management Board Member

Landfill Disposal Capacity

a) Government perspective.

Emiko Thompson, LA County Dept. of Public Works

b) Industry perspective.

Johnnie Perkins, Republic Services

MRF Capacity

a) Burrtec: Richard Nino

Food Waste Composting Capacity

a) Athens Services: Tommy Ouzoonian

b) City of San Diego: Ana Carvahlo

12:10 – 1:00 Lunch and networking

Reservation Form –July 14, 2011 – Los Coyotes Country Club
Please complete the registration form and fax to (951) 277-4498

Or mail to:

21520 Yorba Linda Blvd. Ste. G-428, Yorba Linda, CA 92887

If you have any questions please call us at (714) 866-9988.

www.socalswana.org

Please print legibly.

***Registration is a financial commitment. We bill for "no shows".
Cancellations must be submitted 14 days prior to the event in writing.***

This is an interactive PDF form. You may fill-in the required information at a computer, or print it for completion by hand or typewriter. You will require Adobe Reader 6.0.2 (or later), or Adobe Acrobat to complete the interactive form online. After completing the form you may PRINT it for submission by mail or FAX, or attached it by E-mail. NOTE: Adobe Reader cannot be used to save the completed form. Be sure to print or E-mail the form after filling it in. If you are using Adobe Acrobat you are able to save the completed form

SWANA Member ___Yes ___No

Name: _____

Affiliation: _____

Phone: _____

E-mail: _____

Non-Members please provide the following:

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

E-mail: _____

I have enclosed a check in the amount of: \$_____payable to SWANA Founding Chapter.

***We no longer accept purchase orders for payment. \$50 Members | \$65 Non Member
There is a \$75.00 processing fee on all returned checks.***

Please charge my credit card in the amount of \$ _____ Visa: ___MasterCard:___AMEX:___

Name on Card: _____

Card No.: _____ Exp. Date_____

Signature: _____

Don't Miss Out!

Register Today! Office: (714) 866-9988 E-mail: info@socalswana.org

Please copy this form for additional Registrants