

2025 Iowa Water Industry Leadership Institute

Sponsored by the
Iowa Section-American Water Works Association

APPLICANT INFORMATION Please type or print clearly & legibly

FIRST NAME (As you want it shown on course materials)

LAST

AGENCY / EMPLOYER

JOB TITLE

BUSINESS ADDRESS

CITY / STATE / ZIP

BUSINESS PHONE

BUSINESS FAX

E-MAIL (Important; most correspondence will be via email)

PRIMARY RESPONSIBILITIES

Please provide a brief description of your primary work responsibilities.

Years in Water Profession

Years in Current Position

Years of Direct Supervisory
Responsibility (Note – Supervisory
experience is not required)

PAYMENT INFORMATION

By submitting this application, you are committing to payment if selected for the Institute. Payment is NOT required at the time of application, but will be requested prior to the start of the Institute. When you have been accepted into the 2025 cohort, we will provide you with an invoice with instructions on how to make payment by check or credit card.

Please indicate your AWWA membership status

- ☐ IA-AWWA Member (includes utility or corporate members): \$1,200
☐ IAWEA Member (includes utility or corporate members): \$1,200
☐ Non-member: \$1,400

IA-AWWA/IAWEA Membership Number _____

(An employee of a utility or firm that is an AWWA member may register at the member rate.)

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APPLICANT AND EMPLOYER AGREEMENT

*Please keep a copy for your records.

APPLICANT

I desire to participate in the 2025 Iowa Water Industry Leadership Institute and am committed to growing my leadership knowledge, skills, and abilities. I understand my responsibility to my colleagues in the program and commit to preparing for, attending, and fully participating in each and every session.

Printed Name

Applicant Signature

Date

EMPLOYER / SUPERVISOR

I fully support the application of _____
for the 2025 Iowa Water Industry Leadership Institute. Their employer is willing to make available the necessary time for full participation in all scheduled sessions and activities. I will make sure that they can attend all sessions without penalty.

Printed Name

Employer / Supervisor Signature

Date

Business / Organization Name

E-mail address

2025 INSTITUTE SCHEDULE

All sessions are generally from 8:30 a.m. – 4:30 p.m. Please review all dates and give careful consideration to your ability to attend all sessions. Mark with an "X" any sessions you are **unable** to attend.

_____	Wednesday, May 21
_____	Thursday, May 22
_____	Thursday, June 26
_____	Thursday, July 24
_____	Thursday, August 21
_____	Thursday, September 18
_____	Wednesday, October 8
_____	Thursday, October 9 (first day of the Iowa Section Annual Conference)
_____	I expect to attend all sessions

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PAYMENT IN ADVANCE

Payment is NOT required at the time of application, but will be required prior to the start of the Institute. Alternate arrangements may be made on a case-by-case basis and must be made in advance.

WITHDRAWAL & REFUND

Requests to withdraw from the Institute submitted to IA-AWWA via email at john.dunn@cityofames.org no later than May 1, 2025 will be refunded the full registration fee. No-shows and cancellations not received by May 1, 2025 will not be eligible for a refund.

EVENT CANCELLATION OR POSTPONEMENT

IA-AWWA reserves the exclusive right to modify, postpone/reschedule or cancel programs for any reason, including but not limited to emergency, inclement weather or other 'acts of God'. If there is an event cancellation, every attempt will be made to reschedule, and registration fees will be applied to the rescheduled event date. Any travel, lodging, or incidental expenses incurred related to a cancelled event cannot be reimbursed by IA-AWWA under any circumstances. If a cancelled event cannot be rescheduled, IA-AWWA will determine an equitable basis for the refund of a portion or all of the registration fees, after due consideration of circumstances and expenditures.

PUBLIC HEALTH REQUIREMENTS

As an "in-person" event, each session will adhere to the local health requirements of the host venue. Attendance at or participation in an IA-AWWA event is subject to compliance with IA-AWWA's and the event facility's policies and procedures to implement current CDC and Iowa recommendations, which may include, but are not limited to, wearing a mask, physical distancing, and/or retreating immediately if feeling unwell or showing certain symptoms.

RELEASES:

COVID-19 RELEASE: I hereby release, covenant not to sue, discharge, and hold harmless Iowa Section-AWWA and its affiliates, including their respective employees, officers, directors, agents, event hosts, facilitators, presenters, and/or representatives, from any claim or cause of action, including all liabilities, penalties, losses, damages, costs, or expenses of any kind, arising out of or relating to exposure to COVID-19. I agree that the foregoing release, discharge, and covenants apply even when Iowa Section-AWWA or its affiliate directly or indirectly caused injury, losses, or other harm related to COVID-19, whether by negligent acts or omissions, and whether a COVID-19 infection occurs before, during, or after participation in any Iowa Section-AWWA program. This release is binding on my heirs, administrators, executors, successors and assigns.

Printed Name

Applicant Signature

Date