



Indiana Regional Sewer District Association

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10th Annual IRSDA Conference October 25, 2010

Please give us your feedback!

What type of organization do you represent?

Water District _____ Sewer District _____ Other _____

Are you an operating district? _____

Name of District: _____

Number of customers: _____ Total population served: _____

Does your organization have a website? _____

Website address: _____

Would you be interested in receiving updates on IRSDA activities via email? _____

Name: _____ Email Address: _____

How was the conference beneficial? _____

How can future conferences be improved? _____

Would you serve as an IRSDA Board or Committee member? _____

Please identify three (3) critical issues you think the IRSDA should focus on:

Name: _____ Phone Number: _____

Fax Number: _____ Email address: _____