



# CONFERENCE REGISTRATION FORM

May 31–June 3, 2009 >> Sheraton Atlanta, Atlanta, GA, USA >> May 31–June 3, 2009

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Name (for badge) \_\_\_\_\_ P.E.  Yes  No Ph.D.  Yes  No

Company \_\_\_\_\_ Title \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_ Email \_\_\_\_\_

Phone \_\_\_\_\_

Membership (Check if appropriate)  ASCE – Membership # \_\_\_\_\_  
 Cooperating Organization – Name: \_\_\_\_\_

**Please answer these questions so we may serve you better:**

- The organization I work for is:  Private, Consulting or Design/Build Firm  Commercial or Industrial Firm  Government  
 Education  Military  Other
- My role or position:  Partner/Principal  Senior Manager  Middle Manager  Technical/Professional Staff  Faculty  
 Student  Retired
- Number of APM Conferences I have attended, including this one:  0  1  2  3 or more
- My age group is:  Under 25  25-34  35-49  50 – 65  Over 65
- I am:  Male  Female

**CORPORATE DISCOUNT**

When registering 4 or more persons, subtract \$50 from each registration fee. All registrations must be submitted by fax or mail at the same time and with the same form of payment to be eligible for this discount. This discount is not available online or by phone or for on-site or daily registrations.

**Registration Fees (Check selections)**

There is no charge for the Lea+Elliot, Inc. Dinner Reception.

However, each registrant and guest must pre-register, below, and present a ticket to attend the dinner and/or board the bus.\*

	Early Bird By April 24	Advance April 25 – May 22	Onsite	Amount
<input type="checkbox"/> <b>Full Registration</b> (Includes all technical sessions, proceedings, exhibition, exhibit hall lunches, Icebreaker Reception and Dinner) (Dinner registration required, below.)				
Member ASCE or Cooperating Organizations	\$625	\$675	\$725	_____
Speaker / Moderator (Member/Non-Member)	\$625	\$675	\$725	_____
Non-Member — Includes a 1-Year Membership in T&DI.	\$775	\$835	\$875	_____
<input type="checkbox"/> <b>Full-Time Student</b> (Proof of full-time student status required) (Includes all technical sessions, exhibition, exhibit hall lunches, Icebreaker Reception and Dinner) (Dinner/Tour registration required, below.)	\$175	\$200	\$250	_____
<input type="checkbox"/> <b>Daily Registration</b> (check day[s]) <input type="checkbox"/> Mon. <input type="checkbox"/> Tues. <input type="checkbox"/> Wed.				
Monday and Tuesday include technical sessions, exhibition, and lunch for that day; Dinner (Dinner registration required, below). Wednesday includes technical sessions only.				
Member ASCE or Cooperating Organizations	\$325	\$325	\$295	_____
Speaker / Moderator (Member/Non-Member)	\$325	\$325	\$295	_____
Non-Member	\$400	\$400	\$325	_____

**Workshop / Seminar**

	Price Each	No. of Tickets	Amount
<input type="checkbox"/> Wednesday Post-Conference Workshop	\$295	_____	_____

**Technical Tours**

	Price Each	No. of Tickets	Amount
<input type="checkbox"/> Tuesday Technical Tour: Atlanta Airport	\$10	_____	_____

**Additional Tickets**

	Price Each	No. of Tickets	Amount
<input type="checkbox"/> Sunday Icebreaker Reception (Included in Full & Student Registrations)	\$60	_____	_____
<input type="checkbox"/> Monday Exhibit Hall Lunch (Included in Full & Monday-Daily Registrations)	\$50	_____	_____
<input type="checkbox"/> Monday Lea+Elliot, Inc. Dinner	No Charge	_____	_____
<input type="checkbox"/> Tuesday Exhibit Hall Lunch (Included in Full & Tuesday-Daily Registrations)	\$50	_____	_____
<input type="checkbox"/> Wednesday Closing Lunch	\$35	_____	_____

**FOR EARLY BIRD REGISTRATION DISCOUNTS, REGISTER ONLINE, BY FAX, PHONE, OR MAIL BY APRIL 24, 2009.**

**GRAND TOTAL (pay this amount) \_\_\_\_\_**

To pay registration by check, make check payable to ASCE/APM09 and mail with this form to: ASCE/APM09, PO Box 79668, Baltimore, MD 21279-0668 USA. Checks must be issued in U.S. dollars, drawn on U.S. banks. Registration must be accompanied by payment or copy of purchase order.

To pay registration by credit card, please complete this section:

AMEX  VISA  MC  DISC  DINERS Total to be charged \$ \_\_\_\_\_

Credit card number

Exp. date \_\_\_\_\_

Signature \_\_\_\_\_ Government P.O. # \_\_\_\_\_