

2009 STRUCTURES CONGRESS GENERAL REGISTRATION

April 30-May 2, 2009 | Renaissance Austin Hotel | Austin, Texas



Please complete the registration form including signature and payment information. Use one registration form per person. Registrations will not be processed without full payment and registrant's full name.

Contact Information (*Indicates required information)

*First Name _____ MI _____ *Last Name _____
 Credentials _____ Badge Nickname _____
 Title _____
 *Company/Organization/University _____
 *Street Address/PO Box _____
 *City _____ *State _____ *Postal Code _____ *Country _____
 *Work Phone _____ Home Phone _____ Cell _____
 Fax _____ *Email _____
 ASCE/SEI Member Number _____
 **If Cooperating Org Member, Name Organization _____
 ** CASE, SEAoT, and TCEC members may register at the Member rate.

FAX: (703) 295-6144
 Phone: (800) 548-2723 (US)
 Phone: (703) 295-6300
 Mail: ASCE/Structures Congress 2009
 PO Box 79668
 Baltimore, MD 21279-0668 USA

For complete Congress information and to register, visit www.SEInstitute.org.
 For additional information please contact registrations@asce.org or dial (800)-548-2723

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

- The organization I work for is: Private Government Education Military Other
- My position is: Partner/Principal Senior Manager Middle Manager Technical/Professional Staff Faculty Student Retiree
- How many previous ASCE Conferences have you attended? 0 1 2 3 or more
- My age group: Under 25 25-34 35-49 50-65 Over 65



- Check here if you require vegetarian or other special meal(s).
 Check here if you require special accommodations to fully participate. An ASCE representative will contact you to discuss your needs.

FULL REGISTRATION (Please refer to registration grid on Page 26 for details)

	EB Early Bird By 3/4/09	ADV Advance By 4/21/09	ONS Onsite After 4/21/09
Member (ASCE, SEI, CASE, SEAoT, TCEC)	<input type="checkbox"/> \$595	<input type="checkbox"/> \$695	<input type="checkbox"/> \$795
Speaker	<input type="checkbox"/> \$495	<input type="checkbox"/> \$595	<input type="checkbox"/> \$695
Moderator	<input type="checkbox"/> \$495	<input type="checkbox"/> \$595	<input type="checkbox"/> \$695
SEI Committee Chair	<input type="checkbox"/> \$495	<input type="checkbox"/> \$595	<input type="checkbox"/> \$695
Non-Member	<input type="checkbox"/> \$745	<input type="checkbox"/> \$845	<input type="checkbox"/> \$945
Full-time Student	<input type="checkbox"/> \$99	<input type="checkbox"/> \$129	<input type="checkbox"/> \$149
Spouse/Guest	<input type="checkbox"/> \$195	<input type="checkbox"/> \$200	<input type="checkbox"/> \$200
	<input type="checkbox"/> Please check box to reserve your space on the Guest Tour.		

Guest Badge Name: _____

CASE CONVOCATION (Friday only) \$295 \$345 \$395

Friday CASE Breakfast Complimentary for all Congress attendees. Please check box to reserve your space.

DAILY REGISTRATION

	<input type="checkbox"/> \$295	<input type="checkbox"/> \$345	<input type="checkbox"/> \$395
Member	<input type="checkbox"/> \$295	<input type="checkbox"/> \$345	<input type="checkbox"/> \$395
Speaker	<input type="checkbox"/> \$225	<input type="checkbox"/> \$275	<input type="checkbox"/> \$325
Moderator	<input type="checkbox"/> \$225	<input type="checkbox"/> \$275	<input type="checkbox"/> \$325
SEI Committee Chair	<input type="checkbox"/> \$225	<input type="checkbox"/> \$275	<input type="checkbox"/> \$325
Non-Member	<input type="checkbox"/> \$370	<input type="checkbox"/> \$420	<input type="checkbox"/> \$470
Please select day of registration	___ Thursday	___ Friday	___ Saturday

REGISTRATION SUBTOTAL _____

PRE-CONGRESS TECHNICAL SEMINARS (Does not include Conference Registration)

Wednesday, April 29, 2009	EB/ADV By 4/21/09	ONS After 4/21/09	AMOUNT
LRFD of Highway Bridges	<input type="checkbox"/> \$225	<input type="checkbox"/> \$250	_____
Design of Wood Frame Buildings	<input type="checkbox"/> \$225	<input type="checkbox"/> \$250	_____
Forensic Practice Workshop	<input type="checkbox"/> \$225	<input type="checkbox"/> \$250	_____
Thursday, April 30, 2009	EB/ADV By 4/21/09	ONS After 4/21/09	AMOUNT
Engineering Ethics	<input type="checkbox"/> Complimentary. Please check box to reserve your space.		_____
ASCE Standard for Blast Protection	<input type="checkbox"/> \$105	<input type="checkbox"/> \$130	_____
Sustainable Structures	<input type="checkbox"/> \$105	<input type="checkbox"/> \$130	_____
Wind Load Criteria of ASCE 7-2010	<input type="checkbox"/> \$105	<input type="checkbox"/> \$130	_____
Design/Construction of Storm Shelters	<input type="checkbox"/> \$105	<input type="checkbox"/> \$130	_____
Civil Engineering Education Reform	<input type="checkbox"/> Complimentary. Please check box to reserve your space.		_____

SEMINARS SUBTOTAL _____

ADDITIONAL TICKETS (All items below are included in Full Registration)

	Price	QTY	AMOUNT
Thursday Opening Luncheon	<input type="checkbox"/> \$60	_____	_____
Thursday Grand Opening Reception	<input type="checkbox"/> \$95	_____	_____
Friday Exhibit Hall Lunch	<input type="checkbox"/> \$35	_____	_____
Friday BBQ/Ferguson Lab Tour	<input type="checkbox"/> \$75	_____	_____
Saturday Exhibit Hall Lunch	<input type="checkbox"/> \$35	_____	_____

ADDITIONAL TICKETS SUBTOTAL _____

PAYMENT: Full payment must accompany this registration form. NO REFUNDS granted for cancellations after April 9, 2009.

Registration Subtotal \$ _____ CHECK (Payable to ASCE/SEI Structures Congress 2009. Checks must be issued in US dollars, drawn on US banks.)
 To pay registration fee by check or Purchase Order, postmark your registration by the deadlines indicated above to:
ASCE/Structures Congress 2009
PO Box 79668
Baltimore, MD 21279-0668 USA

Pre-Congress Technical Seminars \$ _____ Purchase Order # _____ (Must provide copy of PO form with your registration form.)
 Additional Tickets \$ _____ CREDIT CARD
 AMEX VISA MC DISC DINERS

GRAND TOTAL (pay this amount) \$ _____

Join ASCE today and SAVE!
See application information on page 33.

For faster service REGISTER ONLINE at
www.SEInstitute.org
Register by March 4 and save!

Card Number _____
 Expiration Date (MM/YY) _____
 Cardholder Name _____
 Total to be Charged _____