

5th CONGRESS ON FORENSIC ENGINEERING
 The Madison, a Lowes Hotel, Washington, D.C. November 11 – 14, 2009

Forensic '09

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

*First Name _____ MI _____ *Last Name _____
 Credentials _____ Badge Nickname _____
 *Company/Organization/University _____
 *Street Address/PO Box _____
 *City _____ *State _____ *Postal Code _____ Country _____
 *Work Phone _____ Home Phone _____ Cell Phone _____
 Fax _____ *E-mail _____
 ASCE Member Number _____ If Coop Org Member, Name Organization _____
 * Indicates Required Information

Fax: (703) 295-6144
 Phone: (800) 548-2723 (U.S.)
 Phone: (703) 295-6300 (International)
 Mail: ASCE Forensic Conference 2009
 P.O. Box 79668
 Baltimore, MD 21279-0668 USA

Register by October 13, 2009 and Save!
 For complete information and to register, visit the Forensic Conference webpage at www.asce.org.
 For additional information, please contact registrations@asce.org or dial **1-800-548-2723**.

Please answer these questions so we may serve you better:

- 1 **The organization I work for is:** Private Government Education Military Other
- 2 **My position is:** Partner/Principal Senior Manager Middle Manager Technical/Professional Manager Faculty Student Retiree
- 3 **How many previous ASCE Conferences have you attended, including this one?** 0 1 2 3 or more
- 4 **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 for details

Registration Categories	EARLY-BIRD By 9/9/09	ADVANCE By 10/13/09	ON-SITE After 10/13/09
ASCE Member	<input type="checkbox"/> \$550	<input type="checkbox"/> \$595	<input type="checkbox"/> \$650
Moderator	<input type="checkbox"/> \$550	<input type="checkbox"/> \$595	<input type="checkbox"/> \$650
Non-Member	<input type="checkbox"/> \$650	<input type="checkbox"/> \$695	<input type="checkbox"/> \$750
Speaker	<input type="checkbox"/> \$550	<input type="checkbox"/> \$595	<input type="checkbox"/> \$650
*Full-Time Student	<input type="checkbox"/> \$115	<input type="checkbox"/> \$125	<input type="checkbox"/> \$150

*Full-Time Students must submit valid ID when registration form is submitted.

Full Registrants: in order to receive the ticket that comes with your appropriate registration category, please check the functions you plan to attend.

- National Building Museum, Thursday Yes, I will attend No
 Awards Luncheon, Friday Yes, I will attend No

Additional Tickets

*included in full registration package

	By 10/13/09	After 10/13/09	QTY
Wednesday, November 11 Forensic Engineering Practice Façade Forensics	<input type="checkbox"/> \$225 <input type="checkbox"/> \$225	<input type="checkbox"/> \$250 <input type="checkbox"/> \$250	_____ _____
Thursday, November 12 National Building Museum Reception*	<input type="checkbox"/> \$75	<input type="checkbox"/> \$85	_____ _____
Friday, November 13 Awards Luncheon* Order of Engineer (The ring size of the pinky on my writing hand is ____.)	<input type="checkbox"/> \$60 <input type="checkbox"/> \$15	<input type="checkbox"/> \$70 <input type="checkbox"/> \$15	_____ _____ _____
Proceedings* (not included with student registration)	<input type="checkbox"/> \$85		_____ _____

Daily Registration:

	EARLY-BIRD BY 9/9/09	ADVANCE BY 10/13/09	ON-SITE AFTER 10/13/09
<input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday			

Registration Categories			
ASCE Member	<input type="checkbox"/> \$395	<input type="checkbox"/> \$445	<input type="checkbox"/> \$495
Moderator	<input type="checkbox"/> \$395	<input type="checkbox"/> \$445	<input type="checkbox"/> \$495
Non-Member	<input type="checkbox"/> \$445	<input type="checkbox"/> \$495	<input type="checkbox"/> \$545
Speaker	<input type="checkbox"/> \$395	<input type="checkbox"/> \$445	<input type="checkbox"/> \$495

Guest Packages: \$100 \$115 \$125

(Includes Orientation Continental Breakfast, Welcome Reception & National Building Museum Lecture & Reception)

Guest Name _____

PAYMENT

Full Payment must accompany this registration form. No REFUNDS granted for Cancellations after October 13, 2009.

Registration \$ _____
 Additional Tickets \$ _____
 GRAND TOTAL (pay this amount) \$ _____

Check payable to ASCE Forensic Conference 2009. Checks must be issued in U.S. dollars, drawn on U.S. banks. To pay registration fee by check, postmark your registration by the deadlines indicated above to:
ASCE Forensic Conference 2009
P.O. Box 79668
Baltimore, MD 21279-0668, USA

Credit Card
 AMEX VISA MC DISC DINERS
 Card Number _____
 Expiration Date (MM/YY) _____
 Cardholder Name _____
 Total to be Charged _____

Purchase Order # _____
 (Provide copy of PO Form with your registration form.)