

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. By submitting the registration form the individual agrees to all registration policies on pages 13 and 14 and on ASCE's Conference Web site.

**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 Phone \_\_\_\_\_  
 Fax \_\_\_\_\_ \*E-mail \_\_\_\_\_  
 ASCE Member Number \_\_\_\_\_ \*If Cooperating Org Member, Name Organization \_\_\_\_\_

*\*Indicates Required Information*

Please answer these questions so that 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  Staff Faculty  Student  Retiree
- \*3 How many previous ASCE Conferences have you attended?  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  Lacto-Vegetarian  Ovo-vegetarian  Vegan  
 Check here if you have allergies to the following:  Peanuts  Tree nuts  Seafood  Other \_\_\_\_\_  
 Check here if you require special aids or services:  Deaf or Hearing Impaired  Blind or Visually Impaired  
 Wheelchair Bound  Other \_\_\_\_\_

Fax: (703) 295-6144  
 Phone: (800) 548-2723 (U.S.)  
 Phone: (703) 295-6300 (International)  
 Mail: ASCE/Pipelines 2010  
 P.O. Box 79668  
 Baltimore, MD 21279-0668 USA

**Join ASCE today and SAVE**  
 Simply visit [www.asce.org/join](http://www.asce.org/join)  
 or call (800) 548-2723  
 to request an application

**Register by July 15, 2010 and Save!**

For complete Conference information and to register online, visit [www.pipelinesconference.org](http://www.pipelinesconference.org).  
 For additional information please contact Customer Service at [registrations@asce.org](mailto:registrations@asce.org) or call (800) 548-2723.

**Full Registration:** (Refer to grids on page 14.)

Registration Categories	EB By 7/15/10	ADV By 8/17/10	ONS After 8/17/10
ASCE Member	<input type="checkbox"/> \$550	<input type="checkbox"/> \$650	<input type="checkbox"/> \$750
Moderator	<input type="checkbox"/> \$495	<input type="checkbox"/> \$595	<input type="checkbox"/> \$695
Municipal Employee	<input type="checkbox"/> \$500	<input type="checkbox"/> \$550	<input type="checkbox"/> \$650
Non-Member	<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
*Full-Time Student	<input type="checkbox"/> \$95	<input type="checkbox"/> \$105	<input type="checkbox"/> \$115

\*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.

- Welcome Reception, Sunday  Yes, I will attend  No
- Plenary Breakfast, Monday  Yes, I will attend  No
- Exhibit Hall Lunch, Monday  Yes, I will attend  No
- Awards Luncheon, Tuesday  Yes, I will attend  No

**Daily Registration:** (Refer to grids on page 14.)  Monday  Tuesday  Wednesday

Registration Categories	EB By 7/15/10	ADV By 8/17/10	ONS After 8/17/10
ASCE Member	<input type="checkbox"/> \$295	<input type="checkbox"/> \$345	<input type="checkbox"/> \$395
Moderator	<input type="checkbox"/> \$295	<input type="checkbox"/> \$345	<input type="checkbox"/> \$395
Municipal Employee	<input type="checkbox"/> \$295	<input type="checkbox"/> \$345	<input type="checkbox"/> \$395
Non-Member	<input type="checkbox"/> \$395	<input type="checkbox"/> \$445	<input type="checkbox"/> \$495
Speaker	<input type="checkbox"/> \$295	<input type="checkbox"/> \$345	<input type="checkbox"/> \$395

**Guest Package:**  \$100  \$115  \$160

(includes Welcome Reception)

Guest Name \_\_\_\_\_

**Pre-Conference Activities** (includes Continental Breakfast, AM Break and handouts)

Proceedings	EB/ADV	ONS	QTY
<b>Saturday, August 28</b>	<input type="checkbox"/> \$100	<input type="checkbox"/> \$100	___
PCCP Forum	<input type="checkbox"/> \$25	<input type="checkbox"/> \$25	___
<b>Sunday, August 29</b>	<b>EB/ADV</b>	<b>ONS</b>	<b>QTY</b>
Buried Flexible Steel Pipe: Design and Structural Analysis	<input type="checkbox"/> \$100	<input type="checkbox"/> \$200	___
Thrust Restraint Design of Buried Pipelines	<input type="checkbox"/> \$100	<input type="checkbox"/> \$200	___
Trenchless Renewal (MOP I20)	<input type="checkbox"/> \$100	<input type="checkbox"/> \$200	___
Constructability Roundtable	<input type="checkbox"/> \$100	<input type="checkbox"/> \$200	___

**Additional Tickets**

Sunday, August 29	Cost	QTY
Welcome Reception	\$75	___
<b>Monday, August 30</b>	<b>Cost</b>	<b>QTY</b>
Plenary Breakfast	\$40	___
Order of Engineer	\$15	___
(The ring size of the pinky on my writing hand is ____.)		
Exhibit Hall Lunch	\$40	___
Awards Luncheon	\$60	___

**Tuesday, August 31** **EB/ADV** **ONS** **QTY**  
 Rocky Mountain Evening  \$50  \$65 \_\_\_  
**Ticket purchase is required. This is not included in the registration package.**

**Wednesday, September 1** **EB/ADV** **ONS** **QTY**  
**Technical Tour**  \$45  \$60 \_\_\_

**Golf Tournament**  \$125  \$125 \_\_\_  
 You must register for this event. It is not included in your registration package.  
 Additional fee for clubs (if needed): \$50 paid on-site  
 Left  Right  ; Men's  Women's

**PAYMENT: Full payment must accompany this registration form. No REFUNDS granted for cancellations after July 28, 2010.**

Full Registration	\$ _____	<input type="checkbox"/> <b>CHECK</b> (Payable to <b>ASCE Pipelines Conference 2010</b> . 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 and mail to:
Registration Packages	\$ _____	<b>ASCE Pipelines Conference 2010</b> PO Box 79668 Baltimore, MD 21279-0668 USA
Tours	\$ _____	<input type="checkbox"/> <b>Purchase Order #</b> _____ (Provide copy of PO form with your registration form)
Special Events	\$ _____	
Conference Activities	\$ _____	
Pre-Conference Activities	\$ _____	
GRAND TOTAL (pay this amount)	\$ _____	

<input type="checkbox"/> <b>CREDIT CARD</b>
<input type="checkbox"/> AMEX <input type="checkbox"/> VISA <input type="checkbox"/> MC <input type="checkbox"/> DISC <input type="checkbox"/> DINERS
Card Number _____
Expiration Date (MM/YY) _____
Cardholder Name _____
Total to be Charged _____