

CONFERENCE REGISTRATION FORM WESTIN WESTMINSTER HOTEL WESTMINSTER, CO • MARCH 25-27

Completed registration forms may be returned to ASDSO by mail to 239 South Limestone Street, Lexington, KY, 40508; Fax 859/550-2795; or scan/email to info@damsafety.org.

On-line registration available at www.DamSafety.org/West19 (credit card payments only)

Cancellation and Refund Policy: To receive a refund, notice of cancellation must be received by March 18, 2019. All refunds are subject to a \$75 processing fee. After March 18, 2019 registration fees are no longer refundable.

PARTICIPANT INFORMATION

Name:		 	
First Name for Badge:		 	
Title:			
Company/Agency:		 	
Address:		 	
City/State/Zip:			
Phone:	Birthdate:	/	1
Email:			

CONFERENCE FEES

Full registrations include admission to all conference activities, including technical sessions, the exhibit show, and catered functions (continental breakfast, breaks, and receptions). Limited registrations include admission to the exhibit show and catered functions only, and do not include the technical sessions.

		Through	After	Amount
<u>Full</u>	Registration	March 11	March 11	
	ASDSO Member	\$475	\$525	\$
	Non-Member	\$525	\$575	\$
	Exhibitor or Sponsor (Pre-Paid)	\$0	\$0	\$
	ASDSO Member One-Day Only (check or	ne)		
	Tues Wed	\$250	\$300	\$
	ASDSO Non-Member One-Day Only (che	eck one)		
	Tues Wed	\$300	\$350	\$
	Student	\$0	\$0	\$
Free	registration available for full-time students at Nor	th American instit	utes, colleges & univ	ersities.
Lim	ited Registration			
	Guest	\$70	\$70	\$
Guest Name:				
	Exhibit Booth Staff	\$125	\$175	\$
Field Trip				
	CSU Hydraulics Lab (Thursday, March 28,) \$95	\$95	\$
Total Conference Fees Due \$				

If you are not an ASDSO member, or have not renewed for 2019, save \$50 by including membership dues with your registration fee payment.

ASDSO ANNUAL DUES

Associate (government).....\$55

Affiliate (p	orivate)
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A. Company Member	.\$400
B. Company Employee	\$55
C. Individual	\$100
Senior	\$42
Student	\$24

ASDSO DONATION

General Fund
Memorial Education Fund
Bruce Tschantz Memorial Fund
\$

Total Donation

FORM OF PAYMENT

	Check Enclosed
	Govt. P.O. (please attach)
	Credit Card:
	VISA/MC/AMEX/Discover
\$	
Tota	l Amount Due
Card	Number
Exp	
CVV	Code
Name on Card (please print)	

Signature