



PIPELINES 2019 CONFERENCE

Nashville Tennessee | July 21-24

REGISTRATION FORM

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 in the Preliminary Program and on ASCE's Conference Web site.

Fax (866) 902-5593
Phone (800) 548-2723 (U.S.)
Phone (703) 295-6300 (International)
Mail ASCE/Pipelines 2019
P.O. Box 79668
Baltimore, MD 21279-0668 USA

Contact Information (*Indicates required 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 _____

JOIN ASCE/UESI TODAY AND SAVE

Simply visit www.asce.org/join
or call 800-548-2723
to request an application

Register by June 5, 2019 and Save!

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

Please answer these questions so that we may serve you better (* Indicates Required Information):

- *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? 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 Gluten Free Other: _____
- *Check here if you have allergies to the following: Peanuts Tree Nuts Seafood Other: _____
- *Check here if you require specific aids or services: Deaf or Hearing Impaired Blind or Visually Impaired Wheelchair User Other: _____

FULL REGISTRATION

Registration Categories	Early Bird (EB)	Advance (ADV)	Onsite (ONS)
ASCE/UESI Member	<input type="checkbox"/> \$695	<input type="checkbox"/> \$795	<input type="checkbox"/> \$895
Non-Member	<input type="checkbox"/> \$830	<input type="checkbox"/> \$930	<input type="checkbox"/> \$1,030
Government/Municipal Member	<input type="checkbox"/> \$445	<input type="checkbox"/> \$545	<input type="checkbox"/> \$645
Government/Municipal Non-Member	<input type="checkbox"/> \$580	<input type="checkbox"/> \$680	<input type="checkbox"/> \$780
Speaker/Moderator	<input type="checkbox"/> \$595	<input type="checkbox"/> \$695	<input type="checkbox"/> \$795
Speaker/Moderator Non-Member	<input type="checkbox"/> \$695	<input type="checkbox"/> \$795	<input type="checkbox"/> \$895
Cooperating Organization	<input type="checkbox"/> \$695	<input type="checkbox"/> \$795	<input type="checkbox"/> \$895
*Full-Time Student	<input type="checkbox"/> \$235	<input type="checkbox"/> \$255	<input type="checkbox"/> \$275

Full Registrants: Included in your Full Registration fee are the following tickets. There is no extra charge for these events. However, each registrant must pre-register below in order to receive a ticket to the event.

Welcome Reception, Sunday	<input type="checkbox"/> Yes, I will attend	<input type="checkbox"/> No
Plenary Breakfast, Monday	<input type="checkbox"/> Yes, I will attend	<input type="checkbox"/> No
Exhibit Hall Lunch, Monday	<input type="checkbox"/> Yes, I will attend	<input type="checkbox"/> No
Awards Luncheon, Tuesday	<input type="checkbox"/> Yes, I will attend	<input type="checkbox"/> No
Wellness Lunch, Wednesday	<input type="checkbox"/> Yes, I will attend	<input type="checkbox"/> No
Proceedings (Not included with Student Registrations)	<input type="checkbox"/> Yes, please	<input type="checkbox"/> No, thanks

DAILY REGISTRATION: (Refer to grid on the Registration page)

	EB	ADV	ONS
<input type="checkbox"/> MONDAY <input type="checkbox"/> TUESDAY			
Registration Categories	By 6/5/19	By 6/25/19	After 6/25/19
ASCE/UESI Member	<input type="checkbox"/> \$425	<input type="checkbox"/> \$475	<input type="checkbox"/> \$525
Non-Member	<input type="checkbox"/> \$475	<input type="checkbox"/> \$525	<input type="checkbox"/> \$575
Government/Municipal Member	<input type="checkbox"/> \$355	<input type="checkbox"/> \$405	<input type="checkbox"/> \$455
Government/Municipal Non-Member	<input type="checkbox"/> \$405	<input type="checkbox"/> \$455	<input type="checkbox"/> \$505
<input type="checkbox"/> WEDNESDAY			
Registration Categories	By 6/5/19	By 6/25/19	After 6/25/19
ASCE/UESI Member	<input type="checkbox"/> \$225	<input type="checkbox"/> \$275	<input type="checkbox"/> \$325
Non-Member	<input type="checkbox"/> \$275	<input type="checkbox"/> \$325	<input type="checkbox"/> \$375
Government/Municipal Member	<input type="checkbox"/> \$155	<input type="checkbox"/> \$205	<input type="checkbox"/> \$255
Government/Municipal Non-Member	<input type="checkbox"/> \$205	<input type="checkbox"/> \$255	<input type="checkbox"/> \$305

GUEST PACKAGE

	EB	ADV	ONS
(Includes Welcome Reception, Awards Luncheon, and Exhibit Hall access)	By 6/5/19 <input type="checkbox"/> \$200	By 6/25/19 <input type="checkbox"/> \$220	After 6/25/19 <input type="checkbox"/> \$240
Guest Name _____			

PAYMENT: Full payment must accompany this registration form. Cancellations are subject to a \$65 fee. No REFUNDS granted for cancellations after June 25, 2019.

Full Registration \$ _____ CHECK (Payable to ASCE Pipelines 2019 Conference. 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:
ASCE Pipelines 2019 Conference
PO Box 79668
Baltimore, MD 21279-0668 USA

Daily Registration \$ _____

Guest Package \$ _____

Pre-Conference Workshops \$ _____

Additional Tickets \$ _____

GRAND TOTAL (pay this amount) \$ _____ Purchase Order # _____
(Provide copy of PO form with your registration form)

CREDIT CARD
 AMEX VISA MC DISC DINERS
Card Number _____
Security Code _____
Expiration Date (MM/YY) _____
Cardholder Name _____

*If you are a U.S. Public Sector Scholarship or Student Scholarship winner, please call 800-548-2723 when you are ready to register or send the filled-out paper registration form (PDF) to registrations@asce.org or fax to 1-866-902-5593 along with proof of acceptance to receive your complimentary conference registration.
NEW: If you are a Younger Member attending this program for the first time, please call customer service at 800-548-2723 to receive a special \$250.00 discount off your full member registration.
If you are a Retired Member, please call customer service at 800-548-2723 to receive a special \$460.00 discount off your full member registration.

Signature _____
Total to be Charged _____

ADDITIONAL TICKETS * Tickets are included in the Full Registration Rate

	EB	ADV	ONS	QTY
*Proceedings	<input type="checkbox"/> \$100	<input type="checkbox"/> \$100	<input type="checkbox"/> \$100	_____
Saturday, July 20	EB	ADV	ONS	QTY
Pre-Conference Workshops:				
Large Diameter Pipeline Forum	<input type="checkbox"/> \$195	<input type="checkbox"/> \$220	<input type="checkbox"/> \$245	_____
Sunday, July 21	EB	ADV	ONS	QTY
Pre-Conference Workshops:				
Emergency Preparedness	<input type="checkbox"/> \$195	<input type="checkbox"/> \$220	<input type="checkbox"/> \$245	_____
AASHTO Guide for Inspection of Culvert and Storm Drain Systems	<input type="checkbox"/> \$195	<input type="checkbox"/> \$220	<input type="checkbox"/> \$245	_____
Utility Mapping Asset Management	<input type="checkbox"/> \$195	<input type="checkbox"/> \$220	<input type="checkbox"/> \$245	_____
Filling your Project Management Toolkit	<input type="checkbox"/> \$195	<input type="checkbox"/> \$220	<input type="checkbox"/> \$245	_____
* Welcome Reception	<input type="checkbox"/> \$85	<input type="checkbox"/> \$85	<input type="checkbox"/> \$85	_____
Recreational Activity: Sporting Clay Tournament	<input type="checkbox"/> \$85	<input type="checkbox"/> \$85	<input type="checkbox"/> \$85	_____
Monday, July 22	EB	ADV	ONS	QTY
*Plenary Breakfast	<input type="checkbox"/> \$45	<input type="checkbox"/> \$45	<input type="checkbox"/> \$45	_____
*Exhibit Hall Lunch	<input type="checkbox"/> \$60	<input type="checkbox"/> \$60	<input type="checkbox"/> \$60	_____
Tuesday, July 23	EB	ADV	ONS	QTY
*Awards Luncheon	<input type="checkbox"/> \$65	<input type="checkbox"/> \$65	<input type="checkbox"/> \$65	_____
Wild Horse Saloon Reception	<input type="checkbox"/> \$50	<input type="checkbox"/> \$50	<input type="checkbox"/> \$50	_____
Wednesday, July 24	EB	ADV	ONS	QTY
Wellness Lunch	<input type="checkbox"/> \$60	<input type="checkbox"/> \$60	<input type="checkbox"/> \$60	_____
Technical Tour 1: Omohundro Water Treatment Plant & 8th Avenue Reservoir	<input type="checkbox"/> \$35	<input type="checkbox"/> \$45	<input type="checkbox"/> \$50	_____
Technical Tour 2: The EQ Basin	<input type="checkbox"/> \$35	<input type="checkbox"/> \$45	<input type="checkbox"/> \$50	_____
Top Golf	<input type="checkbox"/> \$50	<input type="checkbox"/> \$50	<input type="checkbox"/> \$50	_____

ASCE uses the information you provide to administer your registration and to keep you apprised of conference information and related products and services. The name, job title, company information, and mailing address of registrants are also included in the conference attendee list that is provided to sponsors and included in the conference app.