

ASCE Iowa Section Annual Meeting

Thursday, September 10, 2009

Gateway Hotel & Conference Center in Ames

www.cepd.iastate.edu/events

Registration Information:*

Mr. Ms. Mrs. Dr.

Male Female

First Name _____

Middle Name (Initial) _____

Last Name _____

Organization _____

Dept./Subunit _____

ASCE Member # _____

Email _____

Day Phone _____

Mailing Address Line 1 _____

Mailing Address Line 2 _____

Fax Number _____

City _____

State _____

Zip Code _____

Iowa County _____

Registration Fees:

*Registration fee includes all conference materials, refreshment breaks and lunch.
Cancel before September 10th for a refund less a \$20 cancellation fee.*

ASCE Members
None-members

Before 9/04

\$180

On or after 9/04

\$195

\$220

Additional Sept. 10 Banquet Tickets _____ #tickets @ \$28 each = \$ _____

TOTAL: \$ _____

I have special dietary needs and/or need accommodations for a disability:

It's easy to Register!

Online—

www.cepd.iastate.edu/events

Mail—

Continuing Education &
Professional Development
Iowa State University
102 Scheman Building
Ames, IA 50011

Fax—

(515) 294-6223

Method of Payment:

Check (Payable to Iowa State University)

Credit Card

Visa

MasterCard

Discover

Card Number _____ Exp. Date ____/____

Cardholder Name _____ Signature _____

Purchase Order (Please indicate billing address below, if different from above)

PO Number _____

Send Invoice to: Name _____

Billing Address _____

* Iowa State University requests this information to preregister you in a conference. No one outside the university, with the exception of participants in this conference, is routinely provided this information. If you fail to provide the required information, we cannot promise accurate registration. (Reference: Iowa Code, Chapter 22.11; Iowa Fair Information Practices Act)

Office Use Only

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