

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/NE18Registration (credit card payments only)

Cancellation and Refund Policy: To receive a refund, notice of cancellation must be received by May 28, 2018. All refunds are subject to a \$75 processing fee. After May 28, 2018 registration fees are no longer refundable.

PARTICIPANT INFORMATION

Name: _____

First Name for Badge: _____

Title: _____

Company/Agency: _____

Address: _____

City/State/Zip: _____

Phone: _____ Birthdate: ____ / ____ / ____

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 May 21	After May 21	Amount
Full Registration			
<input type="checkbox"/> Exhibitor or Sponsor (Pre-Paid)	\$0	\$0	\$ _____
<input type="checkbox"/> ASDSO Member	\$475	\$525	\$ _____
<input type="checkbox"/> Non-Member	\$525	\$575	\$ _____
<input type="checkbox"/> ASDSO Member One-Day Only (<i>check one</i>)			
___ Tues ___ Wed	\$250	\$300	\$ _____
<input type="checkbox"/> ASDSO Non-Member One-Day Only (<i>check one</i>)			
___ Tues ___ Wed	\$300	\$350	\$ _____
<input type="checkbox"/> Student	\$0	\$0	\$ _____

Free registration available for full-time students at North American institutes, colleges & universities.

Limited Registration

Guest \$70 \$70 \$ _____

Guest Name: _____

Exhibit Booth Staff \$125 \$175 \$ _____

Total Conference Fees Due \$ _____

If you are not an ASDSO member, or have not renewed for 2018, save \$50 by including membership dues with your registration fee payment.

ASDSO ANNUAL DUES

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

Affiliate (private)

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
- \$ _____

FORM OF PAYMENT

- Check Enclosed
 - Govt. P.O. (please attach)
 - Credit Card:
 VISA/MC/AMEX/Discover
- \$ _____

Total Amount Due

Card Number

Exp

CVV Code

Name on Card (*please print*)

Signature