

# CONFERENCE REGISTRATION FORM

Pipelines 2003, Focus on Pipeline Technologies, Security, and Safety • July 13-16, 2003

Name (for badge) \_\_\_\_\_  
 Last Name \_\_\_\_\_  
 First Name \_\_\_\_\_  
 MI \_\_\_\_\_  
 P.E. Yes \_\_\_ No; Ph.D. Yes \_\_\_ No  
 Company \_\_\_\_\_  
 Title \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_ ZIP \_\_\_\_\_ Country \_\_\_\_\_  
 Telephone \_\_\_\_\_

Membership (Check if appropriate.)

ASCE Member # \_\_\_\_\_

Register online at [www.asce.org/conferences/pipelines2003](http://www.asce.org/conferences/pipelines2003)

or Fax this completed form to 703-295-6144

or Mail this completed form to  
 ASCE/Pipelines 2003 Conference & Exhibition  
 P.O. Box 79668  
 Baltimore, MD  
 21279-0668 USA



## Special Services

Check here if you require special accommodations. An ASCE representative will contact you to discuss your requirements.

Please answer these questions so we may serve you better.

1. The organization I work for is a:  
 Private, Consulting, or Design/Build Firm  
 Commercial or Industrial Firm  
 Government Agency  
 Education Institution  
 Military Institution  
 Other \_\_\_\_\_

2. My role or position is:  
 Owner or CEO  Middle management  
 Technical staff  Faculty  Student  
 Retired

3. How many previous Pipelines Conferences have you attended?  0  1  2  3 or more

4. My age group is:  
 Under 25  25-34  35-49  50-65  
 over 65

5. Emergency Contact:  
 If you are not staying at the host hotel, please provide a phone number where you can be reached during the conference in case of emergency.  
 \_\_\_\_\_

REGISTRATION FEES	By June 13	After June 13	Amount
<b>Full Conference Registration</b>			
Member ASCE/Coop Org	\$ 495	\$ 595	_____
Non-Member	\$ 595	\$ 695	_____
<b>Speaker / Moderator Registration (Member or Non-Member)</b>			
Full Registration	\$ 450	\$ 550	_____
Daily Registration	\$ 195	\$ 295	_____
<b>Daily Registration</b>			
Member ASCE/Coop Org	\$ 225	\$ 325	_____
Non-Member	\$ 275	\$ 375	_____
<b>Full-Time Student</b>			
Conference Registration (Proof of full-time student status required.)	\$ 100	\$ 100	_____
<b>Spouse/Guest</b>	\$ 60	\$ 60	_____

## Do you plan to attend?

- Monday's Exhibit Lunch  Yes  No  
 Monday's Icebreaker Reception  Yes  No  
 Tuesday's Awards Luncheon  Yes  No  
 Do you require a vegetarian meal  Yes  No

Additional Tickets	Price Each	# of Tickets	Amount
<input type="checkbox"/> Sunday Golf Tournament	\$ 90.00	_____	_____
<input type="checkbox"/> Monday Exhibit Lunch*	\$ 30.00	_____	_____
<input type="checkbox"/> Monday Icebreaker Reception*	\$ 35.00	_____	_____
<input type="checkbox"/> Tuesday Awards Luncheon*	\$ 35.00	_____	_____
<input type="checkbox"/> Tuesday Yacht and Reception Dinner	\$ 50.00	_____	_____
<input type="checkbox"/> Thursday Technical Tour	\$ 20.00	_____	_____
<input type="checkbox"/> Additional Conference Proceedings*	\$ 100.00	_____	_____

REGISTRATION SUBTOTAL (from above) \_\_\_\_\_

ADDITIONAL TICKETS SUBTOTAL (from above) \_\_\_\_\_

GRAND TOTAL (pay this amount) \_\_\_\_\_

\*Included in full conference registration.

## To Pay Registration by Check

Make conference registration check payable to: ASCE Pipelines 2003, and mail with this form to Pipelines 2003, ASCE Conferences & Expositions, P.O. Box 79668, Baltimore, MD, 21279-0668, USA. Checks must be issued in U.S. dollars and drawn on U.S. banks.

## To Pay Registration by Credit Card

Please complete this section.

\_\_\_ AMEX \_\_\_ VISA \_\_\_ MC \_\_\_ DISC \_\_\_ DINERS

Total to be charged \$ \_\_\_\_\_

Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name on Card \_\_\_\_\_

Cardholder Signature \_\_\_\_\_

Government P.O. # \_\_\_\_\_

I agree to pay the above grand total amount according to the card-issuer agreement.

To qualify for the early pre-registration discount, register online or fax or postmark payment before June 13, 2003. Registrations will not be processed without payment or copy of P.O. Cancellations must be received in writing at ASCE headquarters by June 13, 2003, to receive a refund of the registration fee. A \$50 processing fee will be deducted from all refunds. Additional event tickets will be fully refunded if canceled in writing by June 13, 2003. Fax cancellation requests to 703-295-6144. NO REFUNDS WILL BE MADE FOR CANCELLATIONS RECEIVED AFTER June 13, 2003.

INCLUDED IN YOUR REGISTRATION FEE									
	Sessions	Exposition	Monday Exposition Lunch	Monday Icebreaker	Tuesday Awards Luncheon	Tuesday Yacht Dinner	Conference Proceedings	Museum of Public Works	Monday AM Spouse Breakfast
Full Registration Member / Non-Member Speaker / Moderator	•	•	•	•	•		•	•	
Student Registration*	•	•	•	•				•	
Spouse Registration		•		•				•	•

\*Proof of full-time student status required.