

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.

### 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 \_\_\_\_\_

**Fax:** (866) 902-5593  
**Phone:** (800) 548-2723 (U.S.)  
 +1 (703) 295-6300 (International)  
**Mail:** ASCE/ICSI 2019  
 P.O. Box 79668  
 Baltimore, MD 21279-0668  
 USA

### Register by September 25, 2019 and Save!

For complete information and to register, visit the conference website at [www.icsiconference.org](http://www.icsiconference.org)

For additional information, please contact [registrations@asce.org](mailto:registrations@asce.org) or dial (800) 548-2723.

Please answer these questions so that we may serve you better (\* indicates required information):

- The organization I work for is:  Private  Government  Education  Military  Other
- My position is:  Partner/Principal  Senior Manager  Middle Manager  Technical/Professional Manager  Faculty  Student  Retiree
- How many previous ASCE Conferences have you attended, including this one?  0  1  2  3 or more
- My age group:  Under 25  25-34  35-49  50-65  Over 65



Check item below if you require:  
 Vegetarian  Lacto-Vegetarian  Ovo-Vegetarian  
 Vegan  Gluten Free  Other \_\_\_\_\_  
 Check item below if you have allergies to the following:  
 Peanuts  Tree nuts  Seafood  Other \_\_\_\_\_  
 Check item below if you require special aids or services:  
 Deaf or Hearing Impaired  Blind or Visually Impaired  
 Wheelchair Bound  Other \_\_\_\_\_

### Full Registration (Refer to grid on page 10.)

Registration Category	Early-Bird	Advance	On-Site
	By 9/25/19	By 10/16/19	After 10/16/19
ASCE Member	<input type="checkbox"/> \$825	<input type="checkbox"/> \$925	<input type="checkbox"/> \$1,025
Non-Member	<input type="checkbox"/> \$925	<input type="checkbox"/> \$1,025	<input type="checkbox"/> \$1,125
Speaker/Moderator Member	<input type="checkbox"/> \$825	<input type="checkbox"/> \$925	<input type="checkbox"/> \$1,025
Speaker/Moderator Non-Member	<input type="checkbox"/> \$925	<input type="checkbox"/> \$1,025	<input type="checkbox"/> \$1,125
Student Member <sup>1</sup>	<input type="checkbox"/> \$325	<input type="checkbox"/> \$375	<input type="checkbox"/> \$425

<sup>1</sup> Full-time students must submit valid ID when registration form is submitted and onsite at registration desk when picking up name badge. Discounted student rate is only available to Members of ASCE. Visit [www.asce.org/membership/student](http://www.asce.org/membership/student) for details on how to become a Student Member of ASCE. Proceedings are not included with this registration category.

**Full Registrants** To receive the ticket that comes with your appropriate registration category, please check the functions you plan to attend.

Thursday Welcome Reception	<input type="checkbox"/> Yes, I will attend	<input type="checkbox"/> No
Plenary Lunch, Friday	<input type="checkbox"/> Yes, I will attend	<input type="checkbox"/> No
Saturday Closing Lunch Proceedings	<input type="checkbox"/> Yes, I will attend	<input type="checkbox"/> No

### Daily Registration Please select one day: Thursday Friday Saturday

(Refer to grid on page 10.)

	Early-Bird	Advance	On-Site
	By 9/25/19	By 10/16/19	After 10/16/19
ASCE Member	<input type="checkbox"/> \$575	<input type="checkbox"/> \$625	<input type="checkbox"/> \$725
ASCE Non-Member	<input type="checkbox"/> \$675	<input type="checkbox"/> \$725	<input type="checkbox"/> \$825

### Ticketed Events & Additional Tickets

Technical Tours (not included in registration)	EB	ADV	ONS	QTY
	Port of LA	<input type="checkbox"/> \$50	<input type="checkbox"/> \$60	<input type="checkbox"/> \$70
LA Cleantech Incubator	<input type="checkbox"/> \$30	<input type="checkbox"/> \$40	<input type="checkbox"/> \$50	_____
LA River	<input type="checkbox"/> \$30	<input type="checkbox"/> \$40	<input type="checkbox"/> \$50	_____

### Additional Tickets (included in full registration package)

	EB	ADV	ONS	QTY
Thursday Welcome Reception Extra Ticket	<input type="checkbox"/> \$80	<input type="checkbox"/> \$90	<input type="checkbox"/> \$100	_____
Friday Plenary Lunch Extra Ticket	<input type="checkbox"/> \$70	<input type="checkbox"/> \$80	<input type="checkbox"/> \$90	_____
Saturday Closing Lunch Extra Ticket	<input type="checkbox"/> \$80	<input type="checkbox"/> \$90	<input type="checkbox"/> \$100	_____

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. For more information, see our Privacy Policy at <https://www.asce.org/privacy>

### Payment

**Full payment must accompany this registration form.** There is a \$100 fee for cancellations. No REFUNDS granted for cancellations after **October 16, 2019.**

Full Registration	\$ _____	<input type="checkbox"/> Check payable to <b>ASCE/ICSI 2019.</b>
Daily Registration	\$ _____	Checks must be issued in U.S. dollars, drawn on U.S. banks. To pay registration fee by check, postmark your registration by <b>October 3, 2019</b> and mail to:
Technical Tours	\$ _____	ASCE/ICSI 2019 P.O. Box 79668 Baltimore, MD 21279-0668, USA
Additional Tickets	\$ _____	<input type="checkbox"/> Purchase Order # _____
GRAND TOTAL (pay this amount)	\$ _____	

**Credit Card.** To pay registration by credit card, please complete this section:

AMEX  VISA  MC  DISC  DINERS

Card Number \_\_\_\_\_  
 Expiration Date (MM/YY) \_\_\_\_\_  
 Security Code \_\_\_\_\_  
 Print Name \_\_\_\_\_  
 Signature \_\_\_\_\_  
 Total to be charged \$ \_\_\_\_\_