



CI SUMMIT 2019

Atlanta, Georgia | March 7-9, 2019

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 on the Conference website. For additional information, please contact Customer Service at registrations@asce.org or dial (800) 548-2723.

Fax: (866) 902-5593
Phone: (800) 548-2723 (U.S.)
(703) 295-6300
(International)
Mail: ASCE/CI Summit 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 _____

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, including this one? 0 1 2 3 or more
- * 4. My age group: Under 25 25-34 35-49 50-65 Over 65



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

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.

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

Full Registration

Registration Category	Early-Bird	Advance	On-Site
	By 1/16/2019	By 2/6/2019	After 2/6/2019
ASCE/CI Member	\$545	\$665	\$765
Non-Member	\$645	\$765	\$865
Speaker Member	\$495	\$615	\$715
Speaker Non-Member	\$545	\$665	\$765
FullTime Student*	\$160	\$210	\$260

*FullTime Students must submit valid ID when registration form is submitted.

For information on Government/Municipal discounts please contact Customer Service at registrations@asce.org or call at (800) 548-2723. The discount will be applied to Member or Non-Member Full rates only.

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

Event	Yes, I will attend	No
Welcome Reception, Thursday	Yes, I will attend	No
Plenary Breakfast, Friday	Yes, I will attend	No
Exhibit Hall Lunch, Friday	Yes, I will attend	No
Friday Night Reception	Yes, I will attend	No
Closing Plenary Lunch, Saturday	Yes, I will attend	No

Daily Registration

Please select one day:

Registration Category	Thursday or Saturday			Friday		
	EB By 1/16/2019	ADV By 2/6/2019	ONS After 2/6/2019	EB By 1/16/2019	ADV By 2/6/2019	ONS After 2/6/2019
ASCE/CI Member	\$275	\$350	\$425	\$375	\$450	\$525
Non-Member	\$325	\$400	\$475	\$425	\$500	\$575

Pre-Conference Tours

Wednesday, March 6	EB	ADV	ONS	QTY
Mercedes-Benz Stadium	\$50	\$65	\$80	___
Atlanta Bellline	\$50	\$65	\$80	___

Additional Tickets

These events are included with Full Registration.

Thursday, March 7	EB	ADV	ONS	QTY
Welcome Reception	\$75	\$95	\$105	___

Friday, March 8	EB	ADV	ONS	QTY
Plenary Breakfast	\$50	\$60	\$70	___
Exhibit Hall Lunch	\$50	\$60	\$70	___
Friday Night Reception	\$85	\$100	\$115	___

Saturday, March 9	EB	ADV	ONS	QTY
Closing Plenary Lunch	\$60	\$70	\$80	___

Technical Tour

Saturday, March 9	EB	ADV	ONS	QTY
Bellwood Quarry	\$50	\$65	\$80	___

Payment Full payment must accompany this registration form. Cancellation fee is \$75 if written cancellation is received by February 6, 2019. NO REFUNDS granted for cancellations after February 6, 2019.

Full Registration	\$ _____
Daily Registration	\$ _____
Additional Tickets	\$ _____
Tour	\$ _____
GRAND TOTAL (pay this amount)	\$ _____

Check payable to ASCE/CI Summit 2019.

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/CI Summit 2019
P.O. Box 79668
Baltimore, MD 21279 - 0668, USA

Purchase Order # _____
(Provide copy of PO form with your registration.)

Credit Card

AMEX VISA MC DISC DINERS
Card Number _____
Expiration Date (MM/YY) _____
Cardholder Name _____
Total to be Charged \$ _____
Signature _____