Event Registration Form

BSCES
Boston Society of Civil Engineers Section
American Society of Civil Engineers

Please refer to the appropriate BSCES event flyer or online event posting for the Event and Registration Information that is required to complete this form.

Event Information

Event Name: _____

Event Location: _____

Event Date: _____

Registrant Information

Name: _____   Day Phone: _____

Organization: _____

Mailing Address: _____

City: _____   State: _____   Zip Code: _____

Email Address:* _____

* Please note that email communications to BSCES members about events will be sent to the email address that they have on file with ASCE.

Are You a Member of BSCES?   ☐ Yes   ☐ No   ASCE ID Number: _____

If yes, please indicate member type: ☐ Member   ☐ Public Sector Member

☐ Senior Member   ☐ Student Member

Dietary Restrictions: _____

Registration Fee(s)

Registration Types (Indicate the total number and type of registrants by writing the appropriate number in each registrant type):

☐ Member   ☐ Public Sector Member   ☐ Senior Member (65+)

☐ Student Member   ☐ Non-Member   ☐ Public Sector Non-Member

Number of Registrants: _____   **Registration Fee:** _____

Payment Method

Credit Card:

Please bill my (Check one):   ☐ Visa   ☐ MasterCard   ☐ American Express

Name On Credit Card: _____

Credit Card Number: _____   Expiration Date: _____   Security Code: _____

Credit Card Billing Address: _____

Signature: _____

Check:
When paying by check, please make checks payable to "BSCES" and mail with your completed BSCES Event Registration Form to: BSCES, The Engineering Center, One Walnut Street, Boston, MA 02108-3616

Please provide the information required on page 2 of this form if registering more than one individual for a BSCES event. Please print and complete multiple copies of page 2 if needed.