



# Event Registration Form

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: \_\_\_\_\_  
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.



# Event Registration Form

## Additional Registrants

**Event Name:** \_\_\_\_\_

### 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: \_\_\_\_\_

### Registration Information

Registration Type (Check One):  Member  Public Sector Member  Senior Member (65+)  
 Student Member  Non-Member  Public Sector Non-Member

Dietary Restrictions: \_\_\_\_\_

### 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: \_\_\_\_\_

### Registration Information

Registration Type (Check One):  Member  Public Sector Member  Senior Member (65+)  
 Student Member  Non-Member  Public Sector Non-Member

Dietary Restrictions: \_\_\_\_\_

### 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: \_\_\_\_\_

### Registration Information

Registration Type (Check One):  Member  Public Sector Member  Senior Member (65+)  
 Student Member  Non-Member  Public Sector Non-Member

Dietary Restrictions: \_\_\_\_\_