



# MALSCE Proprietors' Council Luncheon

## Open to All MALSCE Members

Friday, November 18, 2016

Aldrich Center at TEC, One Walnut Street, Boston, MA 02108  
12:00 PM – 2:00 PM

Discussion Topic:

## Leading our Industry and Advising MALSCE

Moderator:

**Michael Feldman**

President and CEO, Feldman Land Surveyors,  
Chair, MALSCE Proprietors' Council

Agenda items for this Proprietors' Council luncheon meeting include:

- Year in Review – how is business?
- MALSCE Update from Sean Ewald or Paul Foley
- When staff members decide to leave and go to another firm that you know
- Next Year's Convention discussion – advertising, attendance, etc.
- When is the next downturn? What to do about it?

**Registration Deadline: Wednesday, November 16, 2016**

**Registration Information:** Advanced registration for the luncheon is required. You can register online at <http://bit.ly/PCLuncheon111816>. Remember, you have to login using your MALSCE assigned username and password. If you do not know your member login call 617-227-5551. You can also register by completing the following form and returning it to MALSCE.

### Registration Form

**MALSCE Proprietors' Council Luncheon**  
Friday, November 18, 2016, Aldrich Center at TEC

#### Registration Fee

\$20 MALSCE Member

#### Registrant Information

Name: \_\_\_\_\_

Company (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

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

#### Total Amount Enclosed

\$ \_\_\_\_\_

Mail your registration form and check (payable to "MALSCE") to: MALSCE, The Engineering Center, One Walnut Street, Boston, MA 02108-3616. Fax or email your registration form with credit card information to 617/227-6783 or [malsce@engineers.org](mailto:malsce@engineers.org), respectively.

Or Pay with (Check one):  Visa  Master Card  American Express

Card Name: \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Signature: \_\_\_\_\_

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