



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: _____ 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.



Event Registration Form

Additional Registrants

Event Name: _____

Registrant Information

Name: _____ Day Phone: _____

Organization: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Email Address:* _____

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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:* _____

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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:* _____

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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: _____