



# MALSCE Proprietors' Council Luncheon

Open to All MALSCE Members

Friday, September 13, 2019

Aldrich Center at TECET, 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

Continuing our ongoing discussions, agenda items for this Proprietors' Council luncheon meeting include:

- Pulse of Business
- Seasonality of Survey Business – What are the trends that we see?
- Update from MALSCE President – What is going on and what are the support needs?
- How Do We Keep the Momentum

### Registration Deadline: Wednesday, September 11, 2019

**Registration Information:** Advanced registration for the luncheon is required. Proprietors' Council members can register online [here](#). All other MALSCE members can register online [here](#). MALSCE members should login using their MALSCE assigned username and password. If you do not know your member login information, 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, September 13, 2019, Aldrich Center at TECET

**Registration Fee**  Free for Proprietors' Council Member  \$20 MALSCE Member  \$20 Nonmembers

#### 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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