



# 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:

Email or fax this form with credit card information to [bscesreg@engineers.org](mailto:bscesreg@engineers.org) or 617/227-6783, respectively.

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:

Make check payable to "BSCES" and mail with your completed BSCES Event Registration Form to BSCES, 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: \_\_\_\_\_