



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.

Yes, I am fully vaccinated against COVID-19.

Are You a Member of BSCES? Yes No ASCE ID Number: _____

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 Non-Member

Number of Registrants: _____ Registration Fee: _____

Payment Method

Credit Card:

Email or fax this form to with credit card information to 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:* _____

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Are You a Member of BSCES? Yes No ASCE ID Number: _____

Yes, I am fully vaccinated against COVID-19.

Registration Information

Registration Type (Check One): Member Non-Member

Dietary Restrictions: _____

Registrant Information

Name: _____ Day Phone: _____

Organization: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Email Address:* _____

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Yes, I am fully vaccinated against COVID-19.

Are You a Member of BSCES? Yes No ASCE ID Number: _____

Registration Information

Registration Type (Check One): Member Non-Member

Dietary Restrictions: _____

Registrant Information

Name: _____ Day Phone: _____

Organization: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Email Address:* _____

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Yes, I am fully vaccinated against COVID-19.

Are You a Member of BSCES? Yes No ASCE ID Number: _____

Registration Information

Registration Type (Check One): Member Non-Member

Dietary Restrictions: _____