

Rice Lake Classroom/Field Event Registration Form

First Name: _____ Last Name: _____ Suffix/Degrees (Jr., PE): _____

Employer: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Emergency Contact Person: _____ Daytime Phone: _____

Job Responsibilities: (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Develop erosion control plans | <input type="checkbox"/> Develop stormwater plans |
| <input type="checkbox"/> Review erosion control plans | <input type="checkbox"/> Review stormwater plans |
| <input type="checkbox"/> Implement erosion control plans/practices | <input type="checkbox"/> Implement SW plans/practices |
| <input type="checkbox"/> Market erosion control products | <input type="checkbox"/> Market stormwater products |
| <input type="checkbox"/> Inspect erosion control and/or stormwater practices | |
| <input type="checkbox"/> Develop/test erosion control and/or stormwater materials | |
| <input type="checkbox"/> Develop regulations pertaining to erosion control & stormwater standards/practices | |
| <input type="checkbox"/> Develop properties | |
| <input type="checkbox"/> Other _____ | |

Employer Type:

- Construction company
- Engineering firm
- Government agency
- Mining company
- Property developer
- Products distributor
- Products manufacturer
- Self
- Utility
- Other _____

How did you hear about this event? (Choose One):

- NASECA email
 Association email (not NASECA)
 NASECA Website
 Other Website _____
 Friend/Colleague
 Employer
 Facebook/Twitter
 Other _____

Special Needs: *Please use this space to list any physical limitations, dietary restrictions, food or drug allergies, special needs, and/or any additional information that may be of use to emergency medical personnel in the event that they must care for you. This will be kept strictly confidential.*

<p>NASECA-WI Rice Lake Classroom/Field Event September 19 & 20, 2018 – Rice Lake, WI</p> <p>Registration (Closes September 14)</p> <p>New Product & Innovation Forum/Vendor Reception</p> <p><input type="checkbox"/> September 19 - \$10 <i>Includes dinner and beverages</i></p> <p>September 20 Classroom/Field Event</p> <p><input type="checkbox"/> NASECA-WI Member - \$159 <input type="checkbox"/> Non-Member - \$179</p> <p>Membership</p> <p><input type="checkbox"/> Join today as a member - \$35 Receive discounts on this and other events for 12-months.</p> <p>Exhibitors/Vendors</p> <p><input type="checkbox"/> Exhibit at the Sept 20 Classroom/Field Event - \$225</p> <p><input type="checkbox"/> Join us as a Vendor at the Sept 19 Reception - \$200</p> <p><input type="checkbox"/> -DISCOUNT- 9/20 Exhibitor and 9/19 Reception Vendor - \$350</p>	<p>Payment: <i>(Refunds granted up to 72 hours in advance, less a \$10 admin fee)</i></p> <p>Total Amount: \$ _____</p> <p>Paid by: <input type="checkbox"/> Check <input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> AMEX <input type="checkbox"/> DISC</p> <p>Credit Card Payment Authorization:</p> <p>Credit Card #: _____ CVV: _____</p> <p>Billing Street Address: _____</p> <p>Billing Zip Code: _____ Expiration Date: _____</p> <p>Name on Card: _____</p> <p>Signature: _____</p>
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Standard Release: By registering for this NASECA-WI Event, I agree and acknowledge that I am participating on my own accord. I give this acknowledgement freely and knowingly and I represent and warrant that I am physically and mentally fit and that, as a result, able to participate, and I do hereby assume responsibility for my own well-being. I am fully aware that possible physical injury might occur to me as a result of my participation, and I agree to assume the full risk, including risk which is not specifically foreseeable, of any injuries, including death, damages or loss regardless of severity, which I may sustain as a result of participating in any and all activities connected with or associated with the Event. In consideration of the right to participate in the Event, I hereby waive any and all rights or claims I may have as a result of participation in the Event against NASECA-WI and its respective directors, officers, employees, members, staff, and all individuals assisting in instructing and conducting these activities, and I hereby fully release and discharge them from any and all claims resulting from injuries, including death, damages or loss, which may accrue to me or my heirs arising out of or in any way connected with my participation in the Event. I further agree to indemnify, defend, and hold harmless NASECA-WI and its respective directors, officers, employees, members, staff, and all individuals assisting in instructing and conducting these activities, from any and all claims resulting from injuries, including death, damages, or loss, which may accrue to me or my heirs arising out of or in any way connected with my participation. I hereby grant NASECA-WI permission to use any photo(s), video(s), written statement(s), and all other forms of media that includes my and/or my dependent's likeness in any and all of its publications, ads, and Web sites, in any form or media, including social media sites such as, but not limited to, Facebook, Twitter, and Instagram, without payment or any other consideration.

Save Time! Register Online: <http://www.nasecawi.org/>

Or, mail your check and registration form to: NASECA-Wisconsin, P.O Box 70714, Madison, WI 53707-0714

Questions? E-mail us at education@nasecawi.org