

Rice Lake 2020 Virtual 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):

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> NASECA email | <input type="checkbox"/> Association email (not NASECA) | <input type="checkbox"/> NASECA Website | <input type="checkbox"/> Other Website _____ |
| <input type="checkbox"/> Friend/Colleague | <input type="checkbox"/> Employer | <input type="checkbox"/> Facebook/Twitter | <input type="checkbox"/> 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 2020 Event September 24, 2020 8am-4pm</p> <p>Registration (Closes September 22) September 24 Virtual Event</p> <p>☞ NASECA-WI Member - \$109 ☞ Non-Member - \$129</p> <p>Membership ☞ Join today as a member - \$35 Receive discounts on this and other events for 12-months.</p> <p>Presenters/Sponsors</p> <p>☞ Logo Sponsor - \$125</p> <p>☞ Presentation Sponsor - \$250</p> <p>☞ Extended Presentation Sponsor - \$325</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: ☞ Check ☞ Visa ☞ MC ☞ AMEX ☞ 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>
---	--

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