



Event Registration Form

Save Time, Register Online

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

Primary Professional Field (Choose one):

- Academic Agricultural Producer Consultant Contractor Developer Ecologist Engineer
- Erosion Control Inspector Hydrologist Landscape Architect Manufacturer Mining
- Non-Profit Publisher/Media Supplier Utility Company Waste Management

Job Responsibilities (Choose all that apply):

- Develop erosion control plans Review erosion control plans Implement EC plans/practices
- Market erosion control products Inspect EC and/or SW practices Develop EC/SW standards/practices regs
- Develop stormwater plans Review stormwater plans Implement stormwater plans/practices
- Market stormwater products Develop/test EC and/or SW products Develop properties
- Other

Employer: _____

Employer Type (Choose One):

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

Your Information:

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

Phone: _____ E-mail: _____

DSPS Customer ID # (CBI, DCQ, MPRS, UCI, UC): _____

How did you find out about this Training event?

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

19TH ANNUAL CONFERENCE Feb. 9-10, 2022

Will you attend: On-site Virtual

Full Conference Registration

- Non-Member Event Registration: **\$339**
- Member Event Registration: **\$319**
- Join and Register as a Member: **\$324**

One-Day Registration

- Non-Member Event Registration: **\$239**
- Member Event Registration: **\$219**
- Join and Register as a Member: **\$224**

Membership runs for 12-months after the date of joining. Benefits include valuable event discounts and access to the Learning Studio.

Payment: (refunds are granted up to 72 hours in advance, less a \$10 processing fee)

Total Amount: \$ _____

- Check Visa MC AMEX DISC

Credit Card Payment Authorization:

Credit Card #: _____

3-Digit Code: _____ Expiration Date: _____

Card Holder Street Address and Zip Code:

Name on Card: _____

Signature: _____

Register online: www.nasecawi.org

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

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