



# 2017 ENGINEERING DEANS INSTITUTE (EDI)

**Biltmore Hotel, Coral Gables, FL | April 2 - April 5, 2017**

Registration for the 2017 Engineering Dean Institute is for members of the Engineering Deans Council and for industry representatives of sponsoring companies.

**Fax or mail this form to:**

**FAX:** (202) 265-8504, ATTN: Registrar **OR MAIL:** ASEE/EDI 2017, ASEE-A, P.O. Box 222822, Chantilly, VA 20153-2822

**Please Print Clearly:**

Member ID Number: \_\_\_\_\_ (Member ID # can be found on your membership card, *Prism* label, or renewal notice.)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
 (First and last names will appear on badge.)

Institution/Affiliation Name: \_\_\_\_\_

Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Country: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_ E-mail address must be completed to receive confirmation.

Registered Guest/Spouse Name: \_\_\_\_\_

Check here if you need assistance because of a disability.       Check here if you require vegetarian meals.

Check if you have any known food allergies \_\_\_\_\_

Is this your first conference?     Yes     No    If no, how many have you attended? \_\_\_\_\_

**Registration Rates:**

Rate Type	Early 3/10	Regular after 3/10	Quantity	Amount
Dean	\$485	\$535	_____	_____
Spouse/Guest	\$225	\$275	_____	_____
Unregistered Guest Reception/Tuesday	\$40	\$40	_____	_____
Unregistered Guest Banquet/Thursday	\$100	\$100	_____	_____

**Registration Total: \$ \_\_\_\_\_**

Dean - Will You Attend? (Included with registration fees)	
Sunday: Spouse/Guest*: Welcome Reception	Yes <input type="checkbox"/> No <input type="checkbox"/>
Sunday: Welcome Reception	Yes <input type="checkbox"/> No <input type="checkbox"/>
Thursday: Spouse/Guest*: Reception	Yes <input type="checkbox"/> No <input type="checkbox"/>
Thursday: Spouse/Guest*: Reception & Banquet	Yes <input type="checkbox"/> No <input type="checkbox"/>

\*Spouse/Guest must be registered to receive ticket

**Method of Payment:**

Credit Card:     Visa                       MasterCard                       AMEX

Charge Amount: \$ \_\_\_\_\_

Name on Card: \_\_\_\_\_

Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

CVV\*: \_\_\_\_\_ Cardholder's Signature: \_\_\_\_\_

Money Order: # \_\_\_\_\_

Check: # \_\_\_\_\_

A check drawn on U.S. Bank will be accepted

**\*CVV: (4 digit number on front of AMEX, 3 digit number on back of Visa, MasterCard)**

**All funds must be received by ASEE Headquarters by Friday, March 10, 2017 at 5:00 p.m. EST. Checks and money orders must be postmarked by Monday, March 20, 2017 at 5:00 p.m. EST. Registrations payments that are not processed and applied by Friday, March 10, 2017 at 5:00 p.m. EST will be cancelled.**

**Cancellation Policy:**

A refund (less a \$50 processing fee) will be given for cancellations received in writing on or before March 10, 2017. Please send requests to the ASEE Registrar via email (registrar@asee.org), fax (202) 265-8504, or mail (ASEE/EDI 2017, 1818 N Street NW, Suite 600, Washington, DC 20036). No cancellations will be accepted for refunds after March 10, 2017. Refunds cannot be made for no shows. **There are no exceptions to this policy. If you have any questions, please contact ASEE Registrar, at (202) 331-3500 or registrar@asee.org.**