



**2016 ENGINEERING RESEARCH COUNCIL (ERC) ANNUAL CONFERENCE**

Sheraton, Silver Spring, MD | March 7-9, 2016

**Fax or mail this form to:**

**FAX:** (202) 265-8504, ATTN: Registrar **OR MAIL:** ASEE/ERC 2016, ASEE-C, P.O. Box 71224, Philadelphia, PA 19176-6224

**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 by 2/19	Regular after 2/19	Quantity	Amount
ASEE Member	\$425	\$475	_____	_____
ASEE Nonmember	\$450	\$500	_____	_____
Guest/Spouse	\$75	\$75	_____	_____
<b>Registration Total: \$</b>				_____

Will You Attend? (Included with registration fees)	
Monday: Reception	Yes <input type="checkbox"/> No <input type="checkbox"/>
Tuesday: Lunch	Yes <input type="checkbox"/> No <input type="checkbox"/>
Tuesday: Banquet	Yes <input type="checkbox"/> No <input type="checkbox"/>

**Cancellation Policy:**

A refund (less a \$50 processing fee) will be given for cancellations received in writing on or before February 19, 2016. Please send requests to the ASEE Registrar via email (registrar@asee.org), fax (202) 265-8504, or mail (ASEE/ERC 2016, 1818 N Street NW, Suite 600, Washington, DC 20036). No cancellations will be accepted for refunds after February 19, 2016. 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.**

**Method of Payment:**

Credit Card:     Visa                       MasterCard                       AMEX

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

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

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

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

Money/Purchase Order: # \_\_\_\_\_  
 Copy of purchase order must be submitted with form

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, February 19, 2016 at 5:00 p.m. EST. Checks, purchase orders, and money orders must be postmarked by Monday, February 8, 2016 at 5:00 p.m. EST. Registrations payments that are not processed and applied by Friday, February 19, 2016 at 5:00 p.m. EST will be cancelled.**