



**2017 ENGINEERING RESEARCH COUNCIL (ERC) ANNUAL CONFERENCE**

Crystal City, VA | March 6-8, 2017

**Fax or mail this form to:**

**FAX:** (202) 265-8504, **ATTN:** Registrar **OR MAIL:** ASEE/ERC 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 by 2/17	Regular after 2/17	Quantity	Amount
ASEE Member	\$425	\$475	_____	_____
ASEE Nonmember	\$450	\$500	_____	_____
Guest/Spouse	\$75	\$75	_____	_____
			<b>Registration Total:</b>	<b>\$ _____</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"/>

**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, February 17, 2017 at 5:00 p.m. EST. Checks and money orders must be postmarked by Monday, February 6, 2017 at 5:00 p.m. EST. Registrations payments that are not processed and applied by Friday, February 17, 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 February 17, 2017. Please send requests to the ASEE Registrar via email (registrar@asee.org), fax (202) 265-8504, or mail (ASEE/ERC 2017, 1818 N Street NW, Suite 600, Washington, DC 20036). No cancellations will be accepted for refunds after February 17, 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.**