



**2017 ENGINEERING DEANS COUNCIL PUBLIC POLICY COLLOQUIUM**

**The Fairmont, Washington D.C. | February 6-8, 2017**

**Fax or mail this form to:**

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

**Registrant Information:**

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: \_\_\_\_\_

**Government Relations Representative Attending With You:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
 Institution/Affiliation Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Country: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

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? \_\_\_\_\_

**What's Included in Registration:**

- **EDC Member:** *Please do not send substitutes for the dean.* Registration covers all Colloquium functions, including continental breakfasts, coffee breaks, lunch, and the evening reception.
- **University Government Relations Representatives:** Can **not** register independently; must be registered by their deans.

**Registration Rates:**

Rate Type	Early by 1/20	Regular after 1/20	Quantity	Amount
EDC Member	\$585	\$635	_____	_____
University Government Relations Representatives	\$115	\$145	_____	_____
Non Registered Guest Reception	\$40	\$40	_____	_____
<b>Registration Total:</b>				<b>\$ _____</b>

**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, January 20, 2017 at 5:00 p.m. EST. Checks and money orders must be postmarked by Friday, January 15, 2017 at 5:00 p.m. EST. Registrations payments that are not processed and applied by Friday, January 20, 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 January 20, 2017. Please send requests to the ASEE Registrar via email (registrar@asee.org), fax (202) 265-8504, or mail (ASEE/PPC 2017, 1818 N Street NW, Suite 600, Washington, DC 20036). No cancellations will be accepted for refunds after January 20, 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.**