

ASNE REGISTRATION FORM

MEGA RUST 2010

June 7 - 10, 2010 • Town & Country Resort & Conference Center • San Diego CA

MAIL TO: ASNE • 1452 Duke Street • Alexandria • VA 22314
 PHONE: (703) 836-6727 • FAX (703) 836-7491 • E-mail: registrations@navalengineers.org

Print Clearly or Type All Information

Name _____ (As you would like it to appear on name badge)	Position _____
Organization _____	Phone () _____
Address _____	Fax () _____
City _____	State _____ Zip _____
E-Mail _____	Special Needs _____ (physical, dietary, etc.)

Full Registration includes: Technical Program • Lunch • Proceedings • Exhibits • Breakfasts/Breaks/Receptions

Registration through May 24th:

- | | | |
|---|---------|-------|
| <input type="checkbox"/> ASNE Member | @ \$450 | _____ |
| <input type="checkbox"/> ASNE Membership + Conference | @ \$585 | _____ |
| <input type="checkbox"/> Government Employee | @ \$525 | _____ |
| <input type="checkbox"/> Non-Member | @ \$600 | _____ |
| <input type="checkbox"/> Military in Uniform | @ \$0 | _____ |

Registration after May 24th:

- | | | |
|---|---------|-------|
| <input type="checkbox"/> ASNE Member | @ \$495 | _____ |
| <input type="checkbox"/> ASNE Membership + Conference | @ \$630 | _____ |
| <input type="checkbox"/> Government Employee | @ \$570 | _____ |
| <input type="checkbox"/> Non-Member | @ \$645 | _____ |
| <input type="checkbox"/> Military in Uniform | @ \$0 | _____ |

Total Amount Enclosed _____

Advance Payment is Required

Please check method of payment:

- Enclosed check or money order made out to "ASNE"
 Approved Purchase Order is attached
 Bill to my:
 MC VISA AMEX Discover

Credit Card Number: _____

Expiration Date: _____

Signature: _____

PRESENTER REGISTRATION
 Presenters - Please request a "Presenter Registration Form" at: (703) 836-6727 x 20 or tdenchfield@navalengineers.org (Teresa Denchfield.)

CANCELLATIONS, TRANSFERS, AND REFUNDS

Cancellations must be in writing and **cannot** be accepted after May 24th. Through a \$75 administrative fee will be subtracted from all refunds and a \$75 fee will be applied to all transfers. Additional fees will apply to registrations transferred from a member to a non-member.

ASNE MEMBERSHIP

I hereby apply for Membership (please check one):

- | | |
|------------------------------------|-------------------------------------|
| _____ Age 30 and Older is \$135.00 | _____ Under Age 30 is \$60.00 |
| _____ F/T Student is \$35.00 | _____ Spouse Member is \$25.00 |
| Grad Year: _____ | DOB: _____ (mandatory for under 30) |

Total Amount Enclosed: \$ _____

Name: _____
 (Last) (First) (MI)

Preferred mailing address: _____ Home _____ Office _____

(Street) _____

(City/State/Zip) _____

(Place of Employment/Position) _____

Communication Information:

Phone: (O) _____ (H) _____

Fax: _____

Email: _____

Service Branch: _____ Rank: _____ Retired? (Y) (N)

Education:

(Degree) (Institution) (Grad Yr)

(Degree) (Institution) (Grad Yr)

(Degree) (Institution) (Grad Yr)

Engineering Specialty: _____

(Applicant's Signature) _____

(Recommended By) _____ (Section Credit) _____