

THIS FORM MUST BE MAILED OR FAXED

NO INFORMATION IS SUBMITTED ONLINE

REGISTRATION

Southeast Pavement Preservation Partnership Meeting and the

Southeastern States Pavement Association Management and Design Conference

National Center for Pavement Preservation
2857 Jolly Road
Okemos, MI 48864
(517) 432-8220 FAX (517) 432-8223

NAME: _____

TITLE: _____

AGENCY/COMPANY: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

WORK PHONE _____

EMAIL: _____

I plan to attend: (Please check)	
<input type="checkbox"/>	Southeastern States Pavement Association Meeting
<input type="checkbox"/>	Southeast Pavement Preservation Partnership Meeting
<input type="checkbox"/>	Both Meetings

Exhibitors and attendees need only register for one meeting and may exhibit and attend both meetings

SOUTHEAST PAVEMENT PRESERVATION PARTNERSHIP MEETING—5/12-5/14/09

Southeast Pavement Preservation Partnership Membership

State Agencies—join through the AASHTO TSP2 program

Local Agencies & Universities—Agency or University Name: _____ " @ \$0.00

Contractors, Suppliers, Consultants - Company Name: _____ @ \$1,000.00

Meeting Registration

SEPPP Members (registration being covered by designated benefit of membership) @ \$0.00

SEPPP Members (for participants numbering beyond the designated membership benefit) @ \$250.00

Non-Member Registration @ \$350.02

Exhibitor Space—Please mark if you would like to have an exhibit

SEPPP Members (included as a designated benefit of membership) @ \$0.00

Non-Member Exhibitor (does not include meeting registration) @ \$700.00

" @ \$700.00

TOTAL DUE

SOUTHEASTERN STATES PAVEMENT MANAGEMENT AND DESIGN CONFERENCE—5/11-5/13/09

State Agency **Sponsored** Participant @ \$2.00

Agency Participant (state, local FHWA, academia) @ \$250.00

General Registration @ \$350.00

Exhibitor Space (includes meeting registration for two people) @ \$1,000.00

TOTAL DUE

Attending Katrina Tour on Monday (open to conference attendees only)

Payment Methods

Check mailed with registration (payable to Michigan State University) _____ or bill my Credit Card _____

No information is submitted online. This form must be printed and mailed/faxed in

Credit card number _____ Expiration date _____

Name on card _____ Zip code billed to _____

Grand Total Due: _____