



# SOUTHEAST BRIDGE PRESERVATION PARTNERSHIP ANNUAL MEETING



**APRIL 28-30, 2025**

**CHARLESTON COLISEUM  
AND CONVENTION CENTER**

**200 CIVIC CENTER DRIVE  
CHARLESTON, WEST VIRGINIA**

The Southeast Bridge Preservation Partnership is a regional forum of bridge practitioners working together to promote the benefits of bridge preservation through information sharing, education and application.

Alabama	Puerto Rico
Arkansas	South Carolina
Florida	Tennessee
Georgia	Texas
Louisiana	Virginia
Mississippi	West Virginia
North Carolina	





# SOUTHEAST BRIDGE PRESERVATION PARTNERSHIP ANNUAL MEETING

REGISTER  
BEFORE  
March 28, 2025

## **What is the Southeast Bridge Preservation Partnership (SEBPP)?**

The Southeast Bridge Preservation Partnership is a regional forum comprised of bridge practitioners from State, Local and Federal Government Agencies, Contractors, Consultants, Suppliers, and Academia where bridge preservation practices throughout the Southeast Region are shared. We encourage you to become a member of the SEBPP, but membership is not required to attend the 2025 Annual Meeting.

## **Where will the Partnership Meeting be held?**

The partnership meeting will be held in the Charleston Coliseum & Convention Center, 200 Civic Center Dr, Charleston, West Virginia.

## **How do I Register for the Meeting?**

Please complete the attached meeting registration form and mail to the address indicated on the form by March 28, 2025 or register online at: [www.pavementpreservation.org/register](http://www.pavementpreservation.org/register).

## **Attendees not receiving travel assistance, hotel reservations and travel reimbursement from NCPP**

Please make your room reservation directly by booking online through the Charleston Marriott Town Center link (see link below) or by calling **304-345 6500** and using the **group code "SEBSEBA"** or [Book Online Through Marriott](#).

The cutoff date for the reduced rate of \$149/night is April 4th, 2025.

**Attendees receiving travel assistance, hotel reservation and Travel Reimbursement from the NCPP** will not call the hotel for a reservation, but will need to complete and return the [Travel Planning Request Form](#), (please follow the instructions on the form).

Your paragraph text

FEE STRUCTURE						
	Annual Fee	Travel, Lodging & Expenses	Registrations	Voting Rights	Eligibility for Office	Exhibit Space
MEMBERSHIP OPTIONS						
<b>State Agency - With travel</b> through the AASHTO PM yearly, voluntary contribution. (Additional Attendees \$450 each. With no travel reimbursement)	Paid with AASHTO PM Contribution	2 Included	2 Included	2	Yes	No
<b>Provincial Agency - With travel</b> (Additional Attendees \$450 each. With no travel reimbursement.)	\$5,800	2 Included	2 Included	1	Yes	No
<b>Local Agency - With travel</b> (Additional Attendees \$450 each. With no travel reimbursement.)	\$2,750	1 Included	1 Included	1	Yes	No
<b>Industry Regional Membership</b> Includes exhibit table and 2 registrations. Additional attendees \$450 each.	\$1,650	NONE	2 Included	1	Yes	1 Included
<b>Industry National Membership</b> Includes exhibit table and 2 registrations at all 4 regional partnership meetings. Additional attendees \$450 each.	\$5,800	NONE	2 Included per region	1 per region	Yes, 1 per region	1 Included at each regional meeting
NON MEMBERSHIP OPTIONS						
<b>Individual Local Attendee</b>	\$0	NONE	\$450 each	0	No	No
<b>Individual Provincial Attendee</b>	\$0	NONE	\$450 each	0	No	No
<b>Individual Academic Attendee</b>	\$0	NONE	\$450 each	0	No	No
<b>Individual Federal Attendee</b>	\$0	NONE	\$450 each	0	No	No
<b>Individual Industry non members</b>	\$0	NONE	\$825 each	0	No	No



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## LOCAL, STATE & FEDERAL AGENCY & ACADEMIC REGISTRATION

If you are receiving travel assistance and travel reimbursement please also complete and return the online Travel Planning Request Form. Indicate your travel preferences and the NCPP staff will contact you.

Each attendee must fill out a registration form for accurate head count. Please indicate which attendee you are with the corresponding check boxes.

### MEMBERSHIP OPTIONS

#### STATE DOT WITH TRAVEL

Paid with AASHTO PM Contribution  
(2 registrations + 2 travel reimbursements)

1ST ATTENDEE	\$0	<input type="checkbox"/>
2ND ATTENDEE	\$0	<input type="checkbox"/>
ADDITIONAL ATTENDEE (no travel reimbursement)	\$450	<input type="checkbox"/>

#### PROVINCIAL AGENCY WITH TRAVEL

(2 registrations + 2 travel reimbursements)

1ST ATTENDEE	\$0	<input type="checkbox"/>
2ND ATTENDEE	\$0	<input type="checkbox"/>
ADDITIONAL ATTENDEE (no travel reimbursement)	\$450	<input type="checkbox"/>

#### LOCAL AGENCY WITH TRAVEL

1 registration + 1 travel reimbursement)

1ST ATTENDEE	\$0	<input type="checkbox"/>
ADDITIONAL ATTENDEE (no travel reimbursement)	\$450	<input type="checkbox"/>

### NON-MEMBERSHIP OPTIONS

(no travel reimbursement)

INDIVIDUAL LOCAL ATTENDEE	\$450	<input type="checkbox"/>
INDIVIDUAL STATE ATTENDEE	\$450	<input type="checkbox"/>
INDIVIDUAL PROVINCIAL ATTENDEE	\$450	<input type="checkbox"/>
INDIVIDUAL FEDERAL ATTENDEE	\$450	<input type="checkbox"/>
INDIVIDUAL ACADEMIC ATTENDEE	\$450	<input type="checkbox"/>

### LATE FEE

For registrations after March 28th	\$50	<input type="checkbox"/>
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#### REGISTER & PAY ONLINE:

[www.pavementpreservation.org/register](http://www.pavementpreservation.org/register)

#### MAIL, WITH PAYMENT:

National Center for Pavement Preservation  
2857 Jolly Rd., Okemos, MI 48864

NAME

TITLE

ORGANIZATION

STREET ADDRESS

CITY / STATE / ZIP

WORK PHONE

EMAIL

### PAYMENT INFORMATION

CHECK, payable to "Michigan State University"

Mailed with registration:

☐

Please bill my CREDIT CARD:

☐

CREDIT CARD NUMBER

EXPIRATION DATE PHONE NUMBER SECURITY CODE

NAME ON CARD

EMAIL FOR RECEIPT

CARDHOLDER STREET ADDRESS

CARDHOLDER CITY/STATE/ZIP

TOTAL DUE \$

#### Policy on Refunds and Cancellation

Cancellation before April 11, 2025

Refund, minus \$50 administrative fee

Cancellation after April 11, 2025 - No refund



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## INDUSTRY REGISTRATION

Each attendee must fill out a registration form for accurate head count. Please indicate which attendee you are with the corresponding check boxes.

NATIONAL INDUSTRY MEMBERSHIP		
Includes 2 Attendees (Discounted rate, includes membership in all four regional bridge partnerships)	\$5,800	<input type="checkbox"/>
1ST ATTENDEE	\$0	<input type="checkbox"/>
2ND ATTENDEE	\$0	<input type="checkbox"/>
ADDITIONAL ATTENDEE (no travel reimbursement)	\$450	<input type="checkbox"/>

REGIONAL INDUSTRY MEMBERSHIP		
Includes 2 Attendees	\$1,650	<input type="checkbox"/>
1ST ATTENDEE	\$0	<input type="checkbox"/>
2ND ATTENDEE	\$0	<input type="checkbox"/>
ADDITIONAL ATTENDEE (no travel reimbursement)	\$450	<input type="checkbox"/>

EXHIBIT	
Please indicate whether you plan to exhibit at this event Exhibit space is included in Membership You must be a National or Regional member to exhibit	
YES <input type="checkbox"/>	NO <input type="checkbox"/>

NON-MEMBERSHIP OPTIONS		
NON-MEMBER ATTENDEE	\$825	<input type="checkbox"/>

LATE FEE		
For registrations after March 28th	\$100	<input type="checkbox"/>

OPTIONAL INDUSTRY SPONSORSHIPS		
<b>PLATINUM</b> Company Sponsorship Sign posted at the Meeting. Acknowledgement and appreciation of Platinum Sponsorship level during the meeting. Listing of Sponsorship level on General Session Screen. First choice of booth space.	\$1,000	<input type="checkbox"/>
<b>GOLD</b> Acknowledgement and appreciation of Gold Sponsorship level during the meeting. Listing of Sponsorship level on General Session Screen. Second choice of booth space.	\$750	<input type="checkbox"/>
<b>SILVER</b> Acknowledgement and appreciation of Silver Sponsorship level during the meeting. Listing of Sponsorship level on General Session Screen. Third choice of booth space.	\$500	<input type="checkbox"/>

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National Center for Pavement Preservation  
2857 Jolly Rd., Okemos, MI 48864

NAME
TITLE
ORGANIZATION
STREET ADDRESS
CITY / STATE / ZIP
WORK PHONE
EMAIL

## PAYMENT INFORMATION

CHECK, payable to "Michigan State University"

Mailed with registration: ☐

Please bill my CREDIT CARD: ☐

CREDIT CARD NUMBER		
EXPIRATION DATE	PHONE NUMBER	SECURITY CODE
NAME ON CARD		
EMAIL FOR RECEIPT		
CARDHOLDER STREET ADDRESS		
CARDHOLDER CITY/STATE/ZIP		

**TOTAL DUE** \$

### Policy on Refunds and Cancellation

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