

registration form

Attendee Information

1

Badge Name _____ Last Name _____
 Company _____
 Mailing Address _____
 City _____ State _____ Zip _____ Country _____
 Phone _____ Cell* _____
 Email** _____

*For on-site use, only if necessary. **PDH certificates will be sent via email following the conference. Please print clearly.

- Please remove my email address from the list of attendees that is distributed to exhibitors for pre-show marketing. I understand, however, that my mailing address will be shared in the advance and post-show mailing list.
- Please remove my name and contact information from the list of attendees shared with those who have registered for the conference.

Guest Registration (USD)

i.e., significant other

2

Guest Name _____ \$40 = \$ \$45 on-site

Registration Fees (USD)

THE SOONER YOU REGISTER, THE MORE YOU SAVE!

Registration prices increase each week. Please refer to your registration type and date in the grid on the right to calculate your registration price.

3

Please see chart on page 61 to see what is included for each registration type.

Mailed registration forms will receive the price that corresponds with the postmarked date on the envelope.

Please **circle** the fee that applies in the chart below. **Weekly prices valid from 12:00 a.m. CST Monday through 11:49 p.m. CST Sunday.** (i.e., 12:00 a.m. CST Monday, 1.15.18–11:59 p.m. Sunday, 1.21.18)

		Date Purchased by	1.21.18	1.28.18	2.4.18	2.11.18	2.18.18	2.25.18	3.4.18	3.11.18	3.18.18	3.25.18	4.1.18	4.8.18	on-site
REGISTRATION TYPE															
MEMBER* (price per person)	1st and 2nd registrant from firm	\$360	\$370	\$380	\$390	\$400	\$410	\$420	\$430	\$440	\$450	\$460	\$470	\$480	
	3rd or more registrant from firm	\$210	\$220	\$230	\$240	\$250	\$260	\$270	\$280	\$290	\$300	\$310	\$320	\$330	
NON-MEMBER (price per person)	1st and 2nd registrant from firm	\$540	\$555	\$570	\$585	\$600	\$615	\$630	\$645	\$660	\$675	\$690	\$705	\$720	
	3rd or more registrant from firm	\$390	\$405	\$420	\$435	\$450	\$465	\$480	\$495	\$510	\$525	\$540	\$555	\$570	
RECENT GRADS obtained degree in last 5 years	Member*	\$210	\$220	\$230	\$240	\$250	\$260	\$270	\$280	\$290	\$300	\$310	\$320	\$330	
	Non-member	\$390	\$405	\$420	\$435	\$450	\$465	\$480	\$495	\$510	\$525	\$540	\$555	\$570	

*The following qualify for Member pricing: AISC, NSBA, CISC, IMCA, SSRC, NISD. Member Number: _____

The following registration types offer the flat rate below for pre-registration with an increased on-site registration fee.

Public Agency Employee (e.g. DOT)	# tickets _____	× \$175 = \$	<input type="text"/>	\$175 on-site
Student Member	# tickets _____	× \$0 = \$	<input type="text"/>	\$0 on-site
Student Non-Member	# tickets _____	× \$175 = \$	<input type="text"/>	\$175 on-site
Educator	# tickets _____	× \$175 = \$	<input type="text"/>	\$175 on-site
Full Day Wednesday	# tickets _____	× \$280 = \$	<input type="text"/>	\$360 on-site
Full Day Thursday	# tickets _____	× \$280 = \$	<input type="text"/>	\$360 on-site
Full Day Friday	# tickets _____	× \$280 = \$	<input type="text"/>	\$360 on-site
Exhibit Hall Only: W, Th, F (Welcome Lunch)	# tickets _____	× \$50 = \$	<input type="text"/>	\$60 on-site
Exhibit Hall Only: Th, F	# tickets _____	× \$25 = \$	<input type="text"/>	\$35 on-site

SUBTOTAL: Registration Fees (2, 3)

\$

registration form

Name _____

Primary Type of Business 4

Please select only one.

- Structural Engineer Civil Engineer Building Owner/Developer Educator Detailer
 General Contractor/CM Architect Steel Product Manufacturer Student Erector
 Other _____ Steel Mill Public Agency Employee Fabricator Service Center
(e.g. DOT) Exhibitor

Short Course (USD) 5

SC1 The 15th Edition *Steel Construction Manual* and the 2016 AISC *Specification for Structural Steel Buildings*
 Tuesday 1:00 p.m. – 5:00 p.m.

Member \$225 **\$275 on-site** Non-member \$350 **\$400 on-site**

15th Ed. *Steel Construction Manual* \$125 **offered to preregistered SC1 participants ONLY**

SC2 Steel Fundamentals: Tools for Designing Members with Slender Elements
 Tuesday 1:00 p.m. – 5:00 p.m.

Member \$225 **\$275 on-site** Non-member \$350 **\$400 on-site**

À la Carte Pricing (USD) 6

SCIS Sessions # tickets _____ × \$0 = \$ _____
 Educator Session* # tickets _____ × \$0 = \$ _____
 Thursday Lunch** # tickets _____ × \$30 = \$ _____ **\$45 on-site**
 Friday Lunch** # tickets _____ × \$30 = \$ _____ **\$45 on-site**
 Conference Dinner # tickets _____ × \$60 = \$ _____ **\$85 on-site**

*Limited to AISC educator members ONLY.

**Located in Exhibit Hall. Lunch tickets are included in some registration types—see page 61 for details.

Tours (USD) 7

GT1 The Rockets' Red Glare
 Wednesday 12:30 p.m. – 4:30 p.m.
 # tickets _____ × \$70 = \$ _____

GT2 Annapolis over Four Centuries
 Thursday 9:00 a.m. – 3:00 p.m.
 # tickets _____ × \$85 = \$ _____

Optional Entries 8

AISC Education Foundation Donation

I would like to make a donation to the AISC Education Foundation scholarship program in the amount of:

\$5 \$10 \$20 Other _____

The AISC Education Foundation sponsors an educational scholarship program to assist qualified students and to further creativity, interest and proficiency in the fabricated structural steel and engineering design industries.

For information, visit www.aisc.org/scholarships.

SUBTOTAL: À La Carte | Short Courses | Tours | Optional (5, 6, 7, 8) \$ _____

TOTAL AMOUNT ENCLOSED add totals of shaded boxes \$ _____

Emergency Contact Information 9

For on-site use, only if needed.

Contact Name _____
 Relationship _____ Phone _____

Payment Information 10

NS-9

When complete, please submit pages 62 and 63 of this form.

Check, money order, VISA, Mastercard or American Express are the only payment methods accepted.

1. If paying by check, mail payment (U.S. funds only; payable to AISC) and completed registration form to:
 American Institute of Steel Construction LLC, P.O. Box 8761, Carol Stream, IL 60197-8761

2. If paying by credit card, fax completed registration form to 972.349.7715.

VISA Mastercard American Express

Credit Card Number																Expiration Date				Security Code			
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	M	M	Y	Y	1	2	3	4

Billing Address of Card Holder _____ Zip _____

Name of Card Holder _____ Signature _____

I authorize charges to my credit card as indicated.