

MEMBER
REGISTRATION FORM



ARKANSAS SOCIETY OF PROFESSIONAL SURVEYORS
2019 SPRING CONFERENCE
March 28 & 29, 2019 - Holiday Inn, Little Rock, AR

Please fill out carefully.

Step 1

Name: _____ Company: _____
Address: _____
City, State, Zip: _____ Daytime Phone: _____
LS# _____ Email address for confirmation/handouts: _____

Note: All registration types include all educational sessions and handouts, exhibit hall access, one Thursday lunch ticket, one Friday lunch ticket.

Step 2

Registration Type	Early-bird Fee <small>Full registration - Both Days</small>	One-day Fee <small>Not available after March 18, 2019</small>	All Fees After March 18	Total
Privileged or Regular Member	\$275.00	\$200.00	\$325.00	
Surveyor Intern	\$160.00	\$120.00	\$210.00	
Student, Life, or Honorary Member	\$100.00	\$100.00	\$150.00	
Unlicensed Personnel from a Member's Firm. Copy this form and fill out one for each personnel attending.	\$170.00	\$130.00	\$220.00	
Associate Member	\$155.00	\$115.00	\$205.00	
If paying for one-day registration, indicate here which day you will be attending.			<input type="checkbox"/> 28th	<input type="checkbox"/> 29th

Meals	Quantity	Price	Total
Extra Thursday lunch (one lunch is included with registration)		\$25.00	
Extra Friday lunch (one lunch is included with registration)		\$25.00	

Green Meetings

Each speaker's reference materials will be made available on our website prior to the event. You can access them there if you choose to print them yourself. If you would like to receive the reference materials provided on a USB thumb drive check here...

GRAND TOTAL \$ _____

Registration mailed on March 18 does not reach our office in time for the early-bird discount. (Fax for credit card only: 501-321-0951)

Step 3

METHOD OF PAYMENT

CREDIT CARDS CANNOT BE PROCESSED UNLESS ALL* INFORMATION IN BOX IS FILLED OUT PROPERLY

CHECK ENCLOSED

VISA

MASTERCARD

Card Number*: _____ - _____ - _____ Expiration Date*: ____/____

CVC 3-digit number on back of card*: _____ Signature*: _____

Billing address*: _____ City, State, Zip*: _____

Email address (for receipt): _____

Step 4

FILL OUT YOUR PREFERRED SESSIONS ON THE REVERSE SIDE OF THIS FORM.



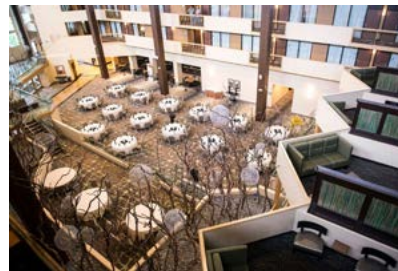
Registration Details-----

This event offers a total of 16.5 professional development hours. Register online at www.arprofessionalsurveyors.com, or mail your registration to ASPS, 835 Central Avenue, Suite 423, Hot Springs, AR 71901. You can also fax (501- 321-0951) your registration form in. Cancellation policy: On or before April 11: 100% refund. For more information on this ASPS event, contact S. Amber Weida, ASPS Executive Director at 501-321-0958, or see our website at www.arprofessionalsurveyors.com.

Lodging-----

Holiday Inn® Little Rock Conference Center

201 Bankhead Drive
 Little Rock, AR 72206
 Group rate: \$96.00
 Call direct to reserve: 501-490-1000
 Let the reservation clerk know you are with ASPS.



Step
4

COPY THIS PAGE FOR YOUR RECORDS AND SEND THE ORIGINAL TO ASPS.

I would like to attend the following sessions: select one per row

We suggest checking our website to see which breakout sessions are full. Any sessions not listed do not require a seat reservation.

Day and Time of Class	Main Auditorium - It's not necessary to sign up for these classes.	Breakout Session - Limited Seating
Thurs, 9:00 - 12:00 pm	Tough Questions, Tough Answers; Where is Our Profession Heading? <input type="checkbox"/>	Tailgate Talk Part 2: A Continued Look at Flood Issues <input type="checkbox"/>
Thurs, 1:30 - 5:00 pm	GPS RTK Issues/ AR Surveying Practices <input type="checkbox"/>	County Surveyors Forum <input type="checkbox"/>
Friday, 9:00 - 12:00 pm	PLSS - What I'd Want My Understudy to Know <input type="checkbox"/>	Datums, Datasheets & OPUS Reports <input type="checkbox"/>
Friday, 1:00 - 5:00 pm	Writing Land Descriptions <input type="checkbox"/>	Mentoring Condensed <input type="checkbox"/>