

ASEE's 125th Anniversary Gala

Willard InterContinental | Washington, DC
October 4, 2018 | 7:00 P.M.

Scan and email or mail form to:

EMAIL: s.harrington@asee.org or MAIL: Stephanie S. Harrington, ASEE, 1818 N Street, NW Suite 600, Washington, DC 20036

Registrant Information:

Last Name: _____ First Name: _____

Institution/Affiliation Name: _____

Table Options:

All table options include 1 table for 8 and branding opportunities leading up to the event

<input type="checkbox"/> Bronze Sponsor \$2,500 <i>Includes bronze sponsor listing in program</i>	<input type="checkbox"/> Silver Sponsor \$5,000 <i>Includes silver sponsor listing in program, 4 color, full page ad in the on-site printed program</i>	<input type="checkbox"/> Gold Sponsor \$7,500 <i>Includes gold sponsor listing in program, priority seating, 4 color, full page ad in the on-site printed program</i>	<input type="checkbox"/> Platinum Sponsor \$10,000 <i>Includes priority seating, introduction during event, platinum sponsor listing in program with company logo</i>	<input type="checkbox"/> Presenting Sponsor \$25,000 <i>Includes priority seating, introduction during event, champagne served at table, platinum sponsor listing in program with company logo</i>
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Please list guest names and check and fill each applicable option:	Surf & Turf (Lobster and Filet Mignon)	Surf Only (Lobster)	Turf Only (Filet Mignon)	Vegetarian Option	Food Allergies	ADA Accommodation
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

Method of Payment:

Credit Card: Visa MasterCard AMEX

Charge Amount: \$ _____ Name on Card: _____

Number: _____ Exp. Date: _____ CVV*: _____

Cardholder's Signature: _____

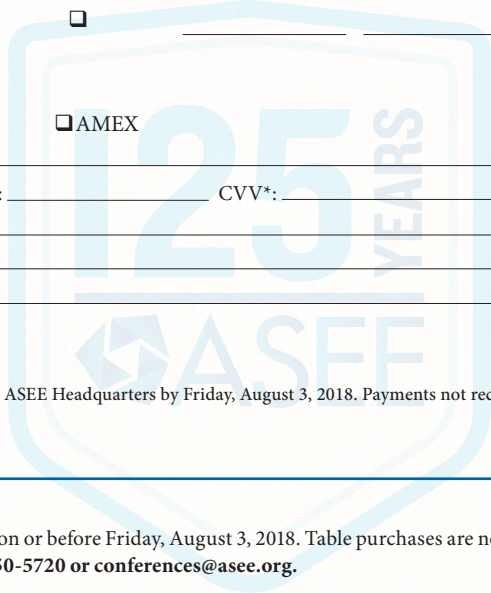
Money Order: # _____

Check: # _____

A check drawn on U.S. Bank will be accepted

*CVV: (4 digit number on front of AMEX, 3 digit number on back of Visa, MasterCard)

All payments, including checks and money orders and all guest registrations and entrée selections, must be received by ASEE Headquarters by Friday, August 3, 2018. Payments not received by this time will result in table cancellation.



Cancellation Policy:
Cancellations must be made in writing and must be received by ASEE via email at conferenes@asee.org on or before Friday, August 3, 2018. Table purchases are non-refundable after August 3, 2018. If you have any questions, please contact ASEE Registrar, at (202) 350-5720 or conferences@asee.org.