



AMERICAN COUNCIL OF ENGINEERING COMPANIES

REGISTRATION FORM
SENIOR EXECUTIVES INSTITUTE CLASS XVI

I am committed to attending all five sessions of SEI Class 16. I understand the enclosed \$2,000 non-refundable registration fee will be applied against my first year's tuition. I understand that my reservation is transferable within my firm prior to Session One in September 2010. (First-come/first-reserved.) I further understand that SEI is a highly interactive program, and I am committed to fully participating

Table with 3 columns: Session Name, Dates, and Location. Rows include Session One through Session Five with their respective dates and locations.

PERSONAL INFORMATION

Name First name for badge

Title

Firm/Organization

Mailing address (Please, no box numbers)

City/State/Zip

Phone Numbers Fax Numbers

E-mail address

Membership on state or national committees

Hobbies/Interests

Washington DC Fieldtrip Security Requirements:

Social Security Number Date of Birth

How did you hear about the ACEC Senior Executives Institute (SEI)? (Check all that apply)

- Checkboxes for: SEI Alumni, Web Site, Brochure, The Last Word, Insurer, ACEC Catalog, ACEC MO, ACEC Convention/Conference, ACEC Seminars, Other

PROFESSIONAL INFORMATION

Principal areas of licensure _____

Degrees/Majors and Schools _____

Firm disciplines _____

Number of branches in your firm (excluding headquarters) _____

Number of employees firm-wide _____ Number of employees in your office _____

Does your firm work Internationally? _____
(Where?)

Has your firm participated in an ACEC Peer Review? Yes No

Are you a subscriber to the weekly on-line *The Last Word* newsletter? Yes No

Has your firm sent executive(s) to previous SEI classes? Yes No

PROFESSIONAL LIABILITY INSURANCE CARRIER

XL Design CNA/Schinnerer Others _____

TUITION

\$25,750 ACEC Members \$28,750 Non Members

You will be invoiced for the first year's tuition in July 2010. Registrations are contingent on payment of the balance. No refunds will be available after July 1, 2010. ACEC reserves the right to cancel any programs and assumes no responsibility for personal expenses.

NON-REFUNDABLE \$2,000 REGISTRATION FEE (TO BE APPLIED TO FIRST-YEAR TUITION)

Check (Payable to ACEC/SEI) Visa MasterCard American Express

Name of Cardholder _____

Credit Card Number _____ Expiration Date _____

Authorized Signature _____

The attached non-refundable \$2,000 registration fee, which will be applied against my tuition, reserves a seat in my name for SEI Class 16. I may transfer the seat within my firm prior to session one by notifying ACEC and submitting a new registration form. I understand that class enrollment and billings will be based on signed registration forms.

Signature _____ Date _____

MAIL THIS FORM TO:

ACEC, Attn: SEI, 1015 15th Street, NW, 8th Floor, Washington, DC 20005-2605

FAX THIS FORM TO:

202-789-7220