



**EXTENSION RISK MANAGEMENT EDUCATION  
2019 National Conference**

**April 2-4, 2019**

**Conference Mail/Email Registration Form**

All Conference sessions and hotel accommodations will be at  
*The Brown Hotel, Louisville, KY*

**Registration should be postmarked or emailed by March 5, 2019.**

(Fee must be paid by check and mailed to the address on page 2.)

Please note that the deadline for hotel reservations is March 5, 2019.

*Please print clearly – complete a separate form for each participant.*

Name \_\_\_\_\_

City \_\_\_\_\_

Name for Nametag \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Title \_\_\_\_\_

Daytime Phone \_\_\_\_\_

Organization \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

**Combined Conference and Pre-Conference Registration Fee (includes a \$10 fee for manual processing):**

\_\_\_\_\_ **\$160 per person** (includes Tues. afternoon seminar, break and handouts; Wed./Thurs. buffet breakfast; Wed./Thurs. breaks; Wed. lunch; Wed. evening reception; admission to all general and concurrent sessions)

\_\_\_\_\_ \$25 Late Fee (if after March 5, 2019)

**Conference Only Registration Fee (includes a \$10 fee for manual processing):**

\_\_\_\_\_ **\$145 per person** (includes Wed./Thurs. buffet breakfast; Wed./Thurs. breaks; Wed. lunch; Wed. evening reception; admission to all general and concurrent sessions)

\_\_\_\_\_ \$25 Late Fee (if after March 5, 2019)

**Please see additional information on page 2.**

**Guest Registration Fee:**

\_\_\_\_\_ **\$50 per person** (Guest registration is for **guests of registered conference attendees only**. The fee includes Wed./Thurs. breakfast, and the Wednesday evening reception. It does **not** include breaks, lunch on Wednesday, or admission to any concurrent sessions.)

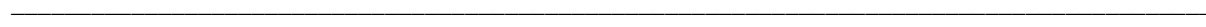
Guest Name for Nametag \_\_\_\_\_  
(Guest must wear nametag for admittance – thank you.)



**Dietary Restrictions:**

\_\_\_\_\_ Vegetarian

\_\_\_\_\_ Other (please note below)



**Total Fee Due:** \$ \_\_\_\_\_

**Payment Enclosed:**

\$ \_\_\_\_\_ Payment by Check (Please make check payable to University of Delaware.)



Return registration form with payment by **March 5, 2019** to:

**2019 ERME National Conference Registrar  
213 Townsend Hall  
University of Delaware  
Newark, DE 19716-2130**

**Email:** [mmccull@udel.edu](mailto:mmccull@udel.edu)

\_\_\_\_\_ **I have reviewed the cancellation policy below.**

For registration questions,  
please contact:  
  
Michelle McCullough  
at 302-831-6621  
([mmccull@udel.edu](mailto:mmccull@udel.edu))  
  
Or  
  
Susan Olson  
at 302-831-6540  
([sbolson@udel.edu](mailto:sbolson@udel.edu))

**Conference Refund and Cancellation Policy**

*Requests for refunds will be honored if received seven full working days prior to the conference. However, substitutions will be accepted at any time. All cancellations are subject to a \$25 processing fee. The hosting organization reserves the right to cancel or postpone any program due to insufficient enrollment or unforeseen circumstances. If the conference is cancelled or postponed, the hosting organization will refund registration fees, but cannot be held responsible for any other costs, charges, or expenses, including cancellation/change fees assessed by airlines or travel agencies.*