



**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.

Post-Conference Tour Fee:

_____ \$60 per person (includes lunch, bus transportation, and fees for all 3 tour stops)

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 _____

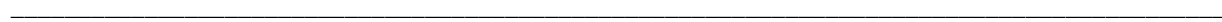
(Guest must wear nametag for admittance – thank you.)



Dietary Restrictions:

_____ Vegetarian

_____ Other (please note below)



Total Amount 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

_____ **I have reviewed the cancellation policy below.**

<p>For registration questions, please contact:</p> <p>Michelle McCullough at 302-831-6621 mmccull@udel.edu</p> <p>Or</p> <p>Susan Olson at 302-831-6540 sbolson@udel.edu</p>
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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.