

WORKSHOP REGISTRATION FORM

Please return to ASWM at the address below by March 1, 2004.

Developing "Outcome-Based" Wetland Protection and Restoration Programs; Monitoring and Measuring Success

March 25-26, 2004

**Hall of States
Washington, D.C.**



Pre-Meeting

**Federal/State Wetland Program Coordination Meeting
March 24, 2004:**

Name: _____ Affiliation: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____
 E-mail: _____

Registration Fees: (Note, registration fees include box lunch on March 24, 25, and 26 and a reception on Thursday, March 25.)

ASWM Members:	<input type="checkbox"/> One Day: \$30	<input type="checkbox"/> Two Days: \$60	<input type="checkbox"/> Three Days: \$90
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ASWM Nonmembers*:	<input type="checkbox"/> One Day: \$40	<input type="checkbox"/> Two Days: \$70	<input type="checkbox"/> Three Days: \$100
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Please indicate which day(s) attending and if you would like lunch.	Federal/State Pre-workshop	Outcome-based workshop	Outcome-based workshop
	<input type="checkbox"/> Wednesday, March 24	<input type="checkbox"/> Thursday, March 25	<input type="checkbox"/> Friday, March 26
	<input type="checkbox"/> Lunch	<input type="checkbox"/> Lunch <input type="checkbox"/> Reception	<input type="checkbox"/> Lunch

*To become a member of the Association for the remainder of 2004, please check the appropriate box and include with registration fee.	
<input type="checkbox"/> Individual Membership: \$20	<input type="checkbox"/> Organization/Agency Membership: \$60

TOTAL ENCLOSED: \$

If you would like to pay by credit card, please check credit card type and enter information below.	VISA		MasterCard
Card #	Exp. Date:		

Cancellation/Refund Policy: After March 15, 2004 a cancellation fee of \$25.00 will be deducted from the refund.

Please make checks payable to:
 The Association of State Wetland Managers
 P.O. Box 269, Berne, NY 12023-9746
 518-872-1804; Fax: 518-872-2171; aswm@aswm.org