# Conference Registration Form

Last Name ________________________________________________________  
First Name ________________________________________________________  
MI ________  
Position/Title ____________________________________________________  
Affiliation _________________________________________________________  
Address ___________________________________________________________________  
City _____________________________________________________________________  
State __________ Zip/Postal Code _____________________  
Email ________________________________________________________________  
Phone ( ____ )-__________________    Fax ( ____ )-_________________  

Check all that apply:  
□ I am a speaker    □ I am a poster presenter    □ I am an attendee    □ Other

Note: There is no registration fee for the first 80 attendees. Preference will be given to presenters and students. A registration fee of $35 will be charged thereafter.

To send this form by fax  
Attention: Dr Ashok Kumar  
419-530-8116

To send this form by mail  
Dr Ashok Kumar  
Mail Stop #307, Dept. of Civil Engg.  
University of Toledo, W. Bancroft St.  
Toledo, OH 43606

To this form by e-mail  
apconfer@eng.utoledo.edu