

# **PARTICIPANT REGISTRATION FORM**

Annual International Erosion Control Association (IECA)  
Southeast Chapter - South Carolina  
Erosion Prevention & Sediment Control Training and Field Days



## ***10<sup>th</sup> Annual Training***

**Thursday September 28th, 2017**

### **Projected Sponsors**

- IECA Southeast Chapter    •SCDHEC    •Clemson University    •City of Anderson Stormwater Management
- Anderson County Stormwater Management    •Anderson & Pickens Counties Stormwater Partners
- City of Columbia    •City of Greenville    •Greenville County Land Development    •City of Greer
- SCDOT    •SJWD    •Spartanburg County Storm Water    •Upstate Forever

### **Location**

*Denver Downs Research Facility, 4915 Clemson Blvd., Anderson, SC 29621*

### **Fee Schedule and Detail**

**Sponsor Registration Fee: \$35 per person before September 15<sup>th</sup>, \$60 between the 16<sup>th</sup> & 27<sup>th</sup>.**

**General Registration Fee: \$60 per person before September 15<sup>th</sup>, \$80 between the 16<sup>th</sup> & 27<sup>th</sup>.**

**ALL ON-SITE REGISTRATION on September 28<sup>th</sup> is \$100, so please sign up ahead!!**

*Registration will be capped at 135 attendees.* Includes attendance for 1 person, snacks, lunch, & **6.5** Professional Development Hours (PDHs).

Questions to: Joel Sprague, Sr. Engineer, TRI/Environmental, [jsprague@trienv.com](mailto:jsprague@trienv.com) (864) 346-3107  
Jay Sprague TRI Environmental, [jesprague@tri-env.com](mailto:jesprague@tri-env.com) (864) 569-6888  
J.P. Johns, Woolpert, [jp.johns@woolpert.com](mailto:jp.johns@woolpert.com) (864) 315-3844

### **Payment and Registration Information**

Please mail the attached registration information with a Check made out to TRI/Environmental:

TRI/Environmental Inc.  
PO Box 9192  
Greenville, South Carolina 29604

On-line Registration and Credit Card Payment: Sponsor: <https://minervatri.wufoo.com/forms/zs6j3z00lqngq/>

General: <https://minervatri.wufoo.com/forms/zat7zy5177y7ua/>

### **Registration Information:**

**Name:** \_\_\_\_\_

**Affiliation:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Amount:** ☐ \$35    ☐ \$60    ☐ \$80

**Email:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Special Dietary or Other Needs:** \_\_\_\_\_