

# 2026 ASDSO Seminar Registration



Please include payment for registration fees plus membership dues if appropriate. Visit the course webpage at [DamSafety.org/training-calendar](https://DamSafety.org/training-calendar) to review the cancellation policy, attendance policy, and virtual meeting requirements (when applicable).

NAME: \_\_\_\_\_ Preferred First Name: \_\_\_\_\_  
TITLE: \_\_\_\_\_ Designation(s): \_\_\_\_\_  
COMPANY/AGENCY: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY/STATE/ZIP: \_\_\_\_\_  
EMAIL: \_\_\_\_\_  
PHONE: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

Do you need NY PDH credit?  YES  NO If yes, please provide your NY PDH # \_\_\_\_\_

I have read and understand the cancellation policy, attendance policy, and virtual meeting requirements (when applicable) for the course(s) selected below.

**Membership Dues:** Join ASDSO or Renew your membership today! To view all options visit [DamSafety.org/joinASDSO](https://DamSafety.org/joinASDSO)

<input type="checkbox"/> Individual Standard	\$116.00	\$_____
<input type="checkbox"/> Individual Standard (Company/Agency is an Organizational/Sustaining member)	\$58.00	\$_____
<input type="checkbox"/> Individual Government	\$58.00	\$_____
<input type="checkbox"/> Organizational Standard	\$420.00	\$_____
<input type="checkbox"/> Student Member	FREE	\$_____

## Seminar Registration:

<input type="checkbox"/> Feb 24-27	HEC-RAS	\$995/\$1,095	\$_____
<input type="checkbox"/> April 7-9	Dam Construction inspection	\$995/\$1,095	\$_____
<input type="checkbox"/> May 26-29	Basic Soil Mechanics Related to Earth Dams	\$995/\$1,095	\$_____
<input type="checkbox"/> June 16-18	HEC-RAS 2D	\$995/\$1,095	\$_____
<input type="checkbox"/> Aug 4-7	Improving Emergency Operations for Dam and Levee Failures and Incidents	\$995/\$1,095	\$_____
<input type="checkbox"/> Sept 21-24	Inspection & Assessment of Dams	\$995/\$1,095	\$_____
<input type="checkbox"/> Nov 3-6	Seepage Through Earth Dams	\$995/\$1,095	\$_____

## Registration Rate (Member/Non-Member)

**TOTAL DUE (Membership + Seminar Registration)** \$ \_\_\_\_\_

## Form of Payment:

Credit Card  Check Enclosed  Govt. P.O. (please attach)

Card Number: \_\_\_\_\_

CVV Code: \_\_\_\_\_

Name on Card (please print): \_\_\_\_\_

Expiration: \_\_\_\_\_

Email completed form to [info@damsafety.org](mailto:info@damsafety.org), or mail to ASDSO, 239 S. Limestone, Lexington, KY, 40508.