

# 9<sup>th</sup> Annual Technical Forum Geohazards in Transportation in the Appalachian Region

**Embassy Suites  
August 4 – 6, 2009; Lexington, Kentucky**

## **Registration Form**

Name	
Title	
Company	
Dept/Division	
Address	
Address	
City, State, Zip	
Phone	
Fax	
Email	

**Agenda:** Multi-modal transportation in the Appalachian Region is essential for economic development. This conference brings together federal, state and private entities faced with prevention, correction or remediation of similar geologic problems in the Appalachian Region. More information about the conference can be found at [www.kyt2.com/geohazardsconf\\_home\\_09.htm](http://www.kyt2.com/geohazardsconf_home_09.htm).

**Lodging:** For lodging reservations contact the Embassy Suites in Lexington at 859-455-5000, be sure to mention the Kentucky Geological Survey to receive the reduced lodging rate of \$115 plus tax. Room reservations for must be received on or before July 7, 2009. Reservations may also be made online at <http://embassysuites.hilton.com/en/es/groups/personalized/LEXESES-GIT-20090804/index.jhtml>.

**Cancellation Policy:** Cancellations received in writing by July 28 (at [mhorseman@engr.uky.edu](mailto:mhorseman@engr.uky.edu)) will be refunded less a \$20 processing fee. No refunds will be issued after July 28. Someone may substitute for you at any time. You are also responsible for canceling your lodging if you cannot attend.

**Remittance and Contact Information:** Fee must be received in advance of the conference.

<b>Registration Fee</b>			
<input type="checkbox"/> \$125 conference fee Registration received by July 1, 2009	<input type="checkbox"/> \$150 conference fee Registration received after July 1, 2009		
<b>Student Registration Fee</b>			
<input type="checkbox"/> \$10 conference fee – valid student ID must be presented at conference registration desk			
<b>Payment</b>			
<input type="checkbox"/> Check (payable to UK)	<input type="checkbox"/> PO # _____	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard
Cardholder Name:			
Account Number:		Expiration Date:	
Cardholder Signature			

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