

2020 Maine Sustainability & Water Conference
Thursday, March 26, 2020
Individual Registration Form

- All-day registration: \$55
- Student registration: \$30
- Half-day registration: \$38
- Late registration: Additional late fee of \$15 after March 20

Payment by credit card, purchase order or IDO: Please complete the registration form below (one form for each person registering) along with payment information or separate IDO and return by e-mail, fax or mail.

Payment by check: Please complete the registration form below (one form for each person registering) and return with payment to the address below. Checks should be made payable to the University of Maine.

Completed registration forms with payment should be returned to:

Mail: 2020 MSWC, Mitchell Center, University of Maine, 5710 Norman Smith Hall, Orono, ME 04469-5710
Fax: 207/581-3320 Email: umgmc@maine.edu

Name: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Payment Type: Check Credit Card Purchase Order IDO

Dietary restrictions? _____

Please select the sessions that are of most interest. Full descriptions are available at umaine.edu/mitchellcenter.

SESSIONS:

- 1. Restoring Native Migratory Fish Passage (AM)
- 2. Communicating Risk to the General Public (AM)
- 3. Blueprint for 100% Renewable Energy (AM)
- 4. All About Arsenic: Eliminating Exposure (AM)
- 5. Local Solutions to Global Challenges (All-day)
- 6. Understanding Systems Using eDNA (All-day)
- 7. Citizen Science (All-day)
- 8. Impact of Maine's Educational Institutions (All-day)
- 9. PFAS and Emerging Contaminants (All-day)
- 10. Maine Lakes: Climate Change Impacts (PM)
- 11. Activating the Individual (PM)
- 12. Decision Support for Fish Passage/Infrastructure (PM)
- 13. Maine Climate Council Updates (PM)

Payment by credit card:

Card type: MasterCard Visa Expiration Date: _____ Code: _____

Credit card number: _____

Name on card: _____

Number of registrations to be charged: _____ Amount to be charged: _____

Payment by Purchase Order:

Contact on PO: _____ Contact Phone: _____

Purchase Order Number: _____ No. of registrations on PO: _____ Amount of PO: _____

