



REGISTRATION FORM
2024 Rising LEADERS PROGRAM
Send in Your Registration Form Today, Space is Limited!
Registration Deadline: May 29, 2024

Participation is limited to 20. You may only register one member from your firm. If spots are available, more than one may be submitted. A waiting list will be maintained.

- **Cost:** \$2,500 per person for attendees. Tuition includes all meeting materials, PDHs, welcome reception, breakfasts, dinners and lunches. Tuition does not include lodging or travel expenses.
- Return the completed registration form via email or regular mail as soon as possible to reserve a spot. If paying for the program by check, that check should be sent with a printed copy of the participant's registration form. If you would like to pay via PayPal, please email Lexi Francis at lexi.francis@acecohio.org.
- **Payments/Cancellations/Refunds:** Full payment must be received by July 12, 2024 or registration will be cancelled. Cancellations received from July 12 to August 9, 2024 will receive a 50% refund unless another registrant can be confirmed. Slot may be transferred to another member of the same firm. No refunds after August 9, 2024.
- **For Check payments:** Please make checks payable to ACEC Ohio and mail it with this form to ACEC Ohio, 1650 Lake Shore Drive, Suite 200 Columbus, OH 43204 .
- If you have questions or would like to add a second individual from your firm to the program waiting list, call Lexi Francis at 614-487-8844.
- This program is only open to ACEC of Ohio member firms.
- Attendees must be present at all sessions. If more than half of one session is missed, that session must be attended the following year to graduate. Only the attendee registered may attend the sessions. Substitute attendees will not be accepted. This program is designed and will be most beneficial to those participants with approximately 8-15 years of industry experience. There will be PDH forms available at the end of the program.

ACEC Ohio
1650 Lake Shore Drive, Suite 200 Columbus, OH 43204
Phone: 614-487-8844

Name of Emerging Leader: _____

Firm: _____

Address: _____

City: _____ State: _____ Zip: _____

Work Phone: _____ Fax: _____

Email: _____

Signature: _____