The Association of State Dam Safety Officials (ASDSO), in conjunction with the NJ Department of Environmental Protection, Dams Safety Program, invites you to participate in a one-day Dam Safety Workshop for Owners and Operators. The workshop will be offered on June 7, 2023 at The Robert Wood Johnson Conference Center, 3100 Quakerbridge Road, Hamilton Township, New Jersey, 08619. The conference center is located with the RWJ Fitness and Wellness Center.

The workshop is designed to provide practical, straightforward information on topics of importance to anyone that owns or operates a dam. The purpose of this one-day workshop is to educate dam owners and operators about the following topics:

- Introduction to Dams and State Regulation
- Basic Dam Design
- Erosion Is Your Enemy
- How Does a Dam Hold Water and Why Does It Leak?
- Other Common Problems
- Dam Engineering in Practice: Case Studies

All attendees must register by June 1, 2023. No walk-ins will be accepted. Attendee check-in will begin at 8 am and the workshop will start at 8:15 a.m. and end by 4:00 p.m. Lunch and refreshment breaks are included in the registration fee. Information will be available throughout the day and you will have the opportunity to meet and network with your state dam safety officials, well-known experts in the field of dam safety, and other dam owners like yourself. Materials and resources will be available in advance for registered attendees.

Parking is available at the facility for no charge.

ASDSO is a national, non-profit professional association of engineers and individuals who own, regulate, or work on dams. For more information about ASDSO, please visit www.damsafety.org or call (859) 550-2788.
REGISTRATION

All attendees must register in advance. Registrations must be submitted by June 1, 2023. No walk-ins will be accepted.

Please complete the form below and return it to ASDSO via email at info@damsafety.org; by faxing it to 859.550.2795, or by mailing it to 239 S. Limestone, Lexington, KY 40508.

Name: 

Preferred First Name: 

Title: 

Organization: 

Address: 

City: 

State/Zip: 

Phone: 

Email: 

Birthdate: 

Payment Information

☐ $20 (Please make checks payable to Association of State Dam Safety Officials)

Card Number: 

Name on Card: 

Expiration Date: ____________ CVV: ____________