

You are cordially invited to the
DELAWARE ASSOCIATION OF SURVEYORS, INC.



General Membership Meeting

Wednesday, September 29, 2021

McGlynns Pub

800 North State Street

Dover, DE

- 5:30 pm Cash Bar
6:15 pm Dinner
7:15 pm Presentation - NFIP Elevation Certificate-The Flood Insurance and Floodplain Management Perspective presented by Kurt Luecke – 1 pdh credit
8:15 pm Adjournment

A 1-pdh credit course will be presented. The course will provide insight into the importance of proper foundation flood vents and dry floodproofing techniques for buildings located in a flood zone. It will identify FEMA, NFIP, ASCE, ICC and Building Code regulations, codes, and standards as they relate to sustaining foundations and overall business continuity in flood hazard areas and analyze the role of building compliance in securing lowering flood insurance rates and what mitigation solutions are available.

DAS DINNER & GENERAL MEMBERSHIP MEETING

September 29, 2021

McGlynns Pub, Dover, Delaware

Dinner Cost: \$40.00 per person

Buffet Menu featuring:

Carved Roast Beef	Stuffed Chicken Breast	Stuffed Shells	
Oven-browned Herb Potatoes	Seasonal Mixed Vegetables	House Salad	Seafood Salad
	Rolls	Carrot Cake	
	Iced Tea	Coffee	Water

ADVANCE RESERVATIONS ARE REQUIRED

Deadline for reservations: September 22, 2021

To make reservations:

Email: desurveyors@gmail.com

Phone/Text: 302-462-5293

FAX: 888-440-7624

Please make reservations FIRST.

After making reservations, please send check made payable to "DAS" to
232 Landover Circle, Chapel Hill, NC 27516-8482

Credit Cards are also accepted by using the attached authorization form.

Authorization for Credit Card Use

PRINT AND COMPLETE THIS AUTHORIZATION AND RETURN.
All information will remain confidential

Name on Card: _____

Billing Address: _____

Email Address: _____

Credit Card Type: _____ Visa _____ Mastercard _____ Discover _____ AmEx

Billing Zip Code: _____

Credit Card Number: _____

Expiration Date: _____

Card Identification Number: _____ (last 3 digits located on the back of the credit card)

Amount to Charge: \$ _____ (USD)

I authorize _____ to charge the amount listed above to the credit card provided herein. I agree to pay for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder – Please Sign and Date

Signature: _____

Date: _____

Print Name: _____

Return the completed and signed form to the following:

Email: desurveyors@gmail.com

Fax: 888-440-7624

Mail: DAS, 232 Landover Circle, Chapel Hill, NC 27516-8482