

“Continuing the Conversation on Vapor Intrusion”

Speaker Panal

- Abby Hendershott, Asst. District Supervisor with the Michigan Dept. of Environmental Quality - Remediation & Redevelopment Division (MDEQ-RRD), Grand Rapids District Office
- Lisa Quiggle, Acting Vapor Intrusion Unit Manager with the Michigan Dept. of Human Health Services (MD-HHS) – Division of Environmental Health
- Beth S. Gotthelf, Attorney with Butzel Long
- Cheryl Kehres-Dietrich, Senior Project Manager and Senior Hydrogeologist with Soils and Materials Engineers (SME)

Sponsored by:



Thursday, November 9, 2017

5:30 p.m. – 9:00 p.m.

Block Brewing Company

1140 S Michigan Ave, Howell, MI 48843

Schedule of Events:

5:30 p.m. – 6:00 p.m. – Registration and Cocktail Reception

6:00 p.m. – 6:45 p.m. – Dinner

6:45 p.m. – 9:00 p.m. – Presentation Followed by Questions

Registration Form

November 9, 2017

Please fill out and return to: MAEP
P.O. Box 695, Pinckney, MI 48169 • Phone: 734.498.2838 • Fax: 734.498.8415



Registration Form:

Name _____

Company _____

Title _____

Address _____

Phone _____ Email _____

Food Allergy Restrictions: _____

Early Registration:

- \$55.00 – MAEP Members
- \$40.00 – MAEP Student Members
- \$80.00 – Non-MAEP Members

Late Registration - (Received after November 2, 2017)

- \$70.00 – MAEP Members
- \$55.00 – MAEP Student Members
- \$95.00 – Non-MAEP Members

Deadline for cancellation is Tuesday, November 2, 2017

Make check payable to MAEP and mail to:
Cheryl Anne Farmer, MAEP
P.O. Box 695
Pinckney, MI 48169
Telephone: 734.498.2838 • Fax: 734.498.8415
Email: admin@maep.org

(Join MAEP and apply \$25 toward membership dues.)

Become a Member:

- \$10.00 – Student
- \$50.00 – Associate (Non Voting/No holding Office)
- \$75.00 – General
- \$275.00 – Institutional (This membership allows one member to hold voting privileges. Additionally, three persons from the Institution may attend each MAEP meeting at the membership rate.)

Register Online at www.maep.org

To pay by credit card complete the following: Visa MC Discover Charge Amount \$ _____

Cardholder Name _____

Card Number _____ Exp. Date _____ CVC: _____

Billing Address _____

City _____ State _____ ZIP Code _____

Signature _____

Register Online at www.maep.org/events