

TRI-CITY DEVELOPMENT COUNCIL PRESENTS

20TH ANNUAL

TRI-CITIES REGIONAL ECONOMIC OUTLOOK

56TH
ANNUAL
& MEETING

THURSDAY, MARCH 28, 2019
7:30AM-1:30PM | TRAC CENTER, PASCO

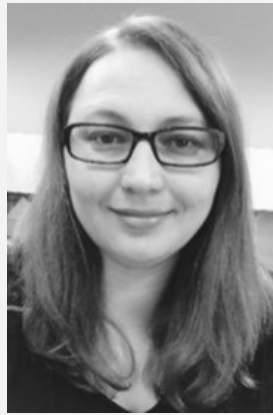
GUEST SPEAKERS



Roger Snyder
PNNL/PNSO Outlook



Brian Vance
DOE Outlook



Ajsa Suljic
Regional Outlook



Alan Robinson
Keynote Luncheon Speaker

**Additional
Speakers:
Industry
Influencers
Leading Panel
Discussions on
Key Topics
Impacting the
Tri-Cities**

REGISTER ONLINE @ TRIDEC.ORG OR CALL (509) 735-1000

THURSDAY
MARCH 28, 2019
7:30AM-1:30PM

LOCATION:
THE TRAC CENTER
6600 BURDEN BLVD
PASCO, WA 99301

COST:
ALL DAY: \$75.00
LUNCH ONLY: \$25.00
GROUP (8): \$540.00

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THURSDAY, MARCH 28, 2019 7:30AM-1:30PM | TRAC CENTER, PASCO

Business Name: _____ Contact Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ Email: _____

Attendee Name(s):

	All-Day	Lunch Only	
1. _____	<input type="checkbox"/>	<input type="checkbox"/>	Dietary Restrictions: _____
2. _____	<input type="checkbox"/>	<input type="checkbox"/>	Dietary Restrictions: _____
3. _____	<input type="checkbox"/>	<input type="checkbox"/>	Dietary Restrictions: _____
4. _____	<input type="checkbox"/>	<input type="checkbox"/>	Dietary Restrictions: _____
5. _____	<input type="checkbox"/>	<input type="checkbox"/>	Dietary Restrictions: _____
6. _____	<input type="checkbox"/>	<input type="checkbox"/>	Dietary Restrictions: _____
7. _____	<input type="checkbox"/>	<input type="checkbox"/>	Dietary Restrictions: _____
8. _____	<input type="checkbox"/>	<input type="checkbox"/>	Dietary Restrictions: _____

Regional Economic Outlook & Luncheon

TRIDEC Member: \$75 X _____ = \$ _____

Non-Member: \$85 X _____ = \$ _____

Group Rate (8): \$540 X _____ = \$ _____

Luncheon Only

TRIDEC Member: \$25 X _____ = \$ _____

Non-Member: \$35 X _____ = \$ _____

Group Rate (8): \$180 X _____ = \$ _____

Payment Method ☐ Invoice ☐ Check ☐ Credit Card

Make Payment to: *Tri-City Development Council*

Card # _____

Exp. Date _____ CV Code _____ Amount _____

Name on Card _____

Authorized Signature _____

Return Completed Form to:

TRIDEC, 7130 W Grandridge Blvd, Ste A Kennewick, WA 99336

Fax: (509) 735-6609 | Email: tjao@tridec.org

For More Information Contact: Traci Jao, 509-735-1000 | tjao@tridec.org

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