

## INFORMATION SHEET

# ***Galveston Conference Center***

**Wednesday, October 1 – Friday, October 3, 2025**

## SCHEDULE OF EVENTS

### **Wednesday, October 1**

- *DPC of Texas Golf Tournament*  
See website for registration
- *Summit Workshops*
  - Competent Person Investigation - **\$150**  
8:30 AM – 4:30 PM
  - Damage Investigation Training Workshop - **\$150**  
8:30 AM – 12:30 PM
  - Utility Locator Skills Enhancement Workshop - **\$250**  
8:30 AM – 4:30 PM
  - Utility Mapping with GIS Training - **\$150**  
8:30 AM – 12:30 PM
  - Ground Penetrating Radar Training - **\$150**  
1:00 PM – 5:00 PM
- *Summit Reception* – included in registration of any of the Summit events
  - 5:30 PM – 7:00 PM

### **Thursday, October 2 – Friday, October 3**

- *Summit Sessions* – Registration
  - **\$269** (Early)
  - **\$309** (after 8/6/25)
  - **\$359** (after 9/12/25)Includes entry to all sessions, Exhibit Hall, lunch and receptions.  
Workshops are not included.

### ***Hotel Room Reservations***

Hotel Galveston Island Resort  
5400 Seawall Blvd.  
Galveston, TX 77551

Room rate - \$169.00 per night



## Attendee Registration

# Galveston Island Conference Center

Wednesday, October 1 – Friday, October 3, 2025

Primary Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Company: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Attendee Names	Summit	Competent	Damage	Ground	Utility Locator	Utility	Amount Due
Early Bird	(\$269 /	Person	Investigation	Penetrating	Skills	Mapping with	
Regular (After 8/6/25)	\$309 /	Training	Training	Radar Training	Enhancement	GIS Training	
Late/On Site (After 9/12/25)	\$359)	(\$150)	(\$150)	(\$150)	Workshop	(\$150)	
					(\$250)		
Name							
Name							
Name							
Name							
Total Amount Due							\$

Payment Information: <input type="checkbox"/> Charge credit card below <input type="checkbox"/> Send me an invoice	
<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Discover <input type="checkbox"/> American Express	
Card#	
Sec #	Exp. Date:
Name on Card:	
Cards Billing Address:	
Amount Charged:	Signature:

**Make Checks Payable To:**

ACTS  
PO Box 644  
Conway, AR 72033

Canceling before **9/8/25** you will receive a refund, less a non-refundable \$100 deposit. No refunds will be issued after this date.

Charge will show as ACTS NOW on statement.