



Spring Seminar



Friday, April 12, 2019 • Castleton University, Castleton VT

Program Schedule

- 7:15 AM** Registration & Breakfast
- 8:00 AM** New Datums and Activities Related to Datums
- 12:00 PM** Luncheon & Business Meeting
- 1:30 PM** Surveying in the Highway Right of Way
- 3:30 PM** Concluding Remarks

Registration Fee	Through April 1	After April 1
Member in Good Standing*	\$140.00	\$165.00
Non-Member	\$190.00	\$215.00
Life Member	\$105.00	\$130.00
Non-member technical staff attending with member	\$119.00	\$144.00
Three attendees from same firm (one must be member)	\$119.00	\$144.00

*Must be current with dues to qualify for the member rate. Members of kindred associations qualify for the member rate. Education credits are valid in Vermont and New York.

Morning Seminar

New Datums and Recent Activities Related to Datums (4 PDH)

Presenter: Dan Martin, Northeast Regional Geodetic Advisor

The new datums workshop covers a “refresher” on why we are moving to new datums and also discusses related topics like horizontal and vertical transformation tools, GPS on Benchmark initiative, state plane coordinates, new data delivery systems, foundation CORS, and more. The workshop will also cover the Real Time Network (RTN/VRS) within the Vermont CORS software, with information about its benefits, limitations, and how best to utilize it.

Afternoon Seminar

Surveying in the Highway Right of Way (2 PDH)

Presenter: Richard Hosking, P.E., Retired VTrans Professional

This seminar will focus on surveying in and near the Highway Right of Way. The two main components of the presentation will cover the process for obtaining permission to work in the Highway Right of Way and how to safely work in the ROW, including complying with the Manual on Uniform Traffic Control Devices (MUTCD).

The Spring Seminar will be held at the Castleton University Campus Center, in the 1787 Room. For directions, a campus map, and lodging options, visit: castleton.edu/admissions/visit

Registration (please complete this form and mail it with your payment, or register online at vsls.org)

Name _____

Address _____

Email _____

Dietary Restrictions _____

Check enclosed (payable to VSLS) for \$ _____

Credit card payment: VISA MC AMEX DISC

Card Number _____

Exp. Date _____ Security Code _____

Please return form with payment to: VSLS, P.O. Box 248, Montpelier, VT 05601-0248. Questions? kelly@vsls.org