



# ASSET MANAGEMENT "BRIDGING THE GAP" WORKSHOP THURSDAY, DECEMBER 1, 2016



**Workshop Goal:** To provide New Hampshire drinking water, stormwater and wastewater system operators and managers with an overview of asset management best practices. Most importantly, this workshop will provide all participants with means and methods on how to leverage your asset management programs to maximize interactions within the entire organization. This workshop will not only provide testimonial presentations from your peers, great panel discussions, and the facilitated breakout sessions will allow various opportunities for networking and small group learning and sharing of experiences.

**Time:** 8:00 a.m. - 4:00 p.m. (Registration begins at 7:30 a.m.)

**Workshop Location:**  
NH Department of Environmental Services  
29 Hazen Drive  
Concord, NH 03302

**Who Should Attend:** Drinking Water, Stormwater and Wastewater facility managers and operations staff, Public Work Directors town fiscal managers, Commissioners, Selectmen

**Contact Hours:** 6 technical contact hours for drinking water and wastewater operators

**For Workshop Questions:** Luis Adorno, [luis.adorno@des.nh.gov](mailto:luis.adorno@des.nh.gov) or 603-271-2472

**Cost:** \$35.00 (Please note that the registration fee includes lunch. Lunch includes soup or salad, spinach stuffed chicken, baked stuffed haddock, eggplant parmigianino, rice or potatoes, vegetables, rolls, and coffee). *Gluten-free option available upon request.*

**Space is limited so register early**

**Registration Deadline:** November 21<sup>st</sup>, 2016

## REGISTRATION FORM

Registrations must be postmarked by **November 21, 2016** and must include a registration fee of \$35. Registration fees are due upon registration and are **non-refundable**. Mail registration and registration fee (**checks payable to Treasure State of New Hampshire**) to: Luis Adorno

Drinking Water and Groundwater Bureau  
NH Department of Environmental Services  
29 Hazen Drive  
Concord, NH 03302

NAME: \_\_\_\_\_  
 JOB TITLE: \_\_\_\_\_  
 FACILITY NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 PHONE #: (\_\_\_\_) \_\_\_\_\_ FAX #: (\_\_\_\_) \_\_\_\_\_  
 EMAIL: \_\_\_\_\_  
 Lunch Preference:  Chicken  Seafood  Vegetarian  Gluten-free Option