



Floodplain Management Seminar

Hosted by the Illinois Association for Floodplain
and Stormwater Management

Tuesday, March 9th, 2010
Holiday Inn at Tinley Park

Registration and Introduction 9:30-10

Floodplain 101 10-12

This course is designed for new floodplain administrators and is also a refresher course for Certified Floodplain Managers (CFMs). The session will cover floodplain management concepts, basic FEMA mapping, floodway and floodplain regulations, state and local permit requirements, Community Rating System and flood insurance. Paul Osman, the Illinois NFIP State Coordinator from IDNR/OWR, Heather McGowan, Senior Permit Engineer from IDNR/OWR Northeast Illinois office, Scott Cofoid the ISO/CRS Specialist for Illinois, and Amanda Flegel from ISWS will present.

Lunch break 12-1:30

Lunch on your own.

Floodplain 101 Continued 1:30-3:30



- Cost of the seminar is \$25.
- Registration due by March 1, 2010.
- Each attendee will receive a certificate for 4 PDHs, and 3 CECs.
- The Holiday Inn at Tinley Park at 18501 S. Harlem Avenue. 708-444-1100.
- Contact Sarah Harbaugh at iafsm@sbcglobal.net or 630-443-8145 with questions.

Floodplain Management Seminar Registration Form

Payment of \$25 is due upon registration and we prefer it is included with registration via the attached form. We take payment at the door as a courtesy if registered – no shows will be charged due to seminar costs. No refunds after registration deadline. After March 1st, registration will be taken at the door based on availability.

To pay by check:

Make check payable to IAFSM and mail to the address below:

Illinois Association of Floodplain and Stormwater Managers
35W749 Bluff Drive
St. Charles, Illinois 60175

To pay by credit card:

Complete the credit information on the below form and mail to the address above or fax to: (630) 443-8198

**Please register me for the IAFSM Floodplain Management Seminar on Tuesday,
March 9th, 2010 at the Holiday Inn in Tinley Park, Illinois.**

Name: _____

Organization: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone Number: _____ **Email:** _____

Card Holder: _____

Credit Card Company: Visa, Mastercard American Express or Discovery

Credit Card Number: _____

Expiration date: _____ **Amount to Charge:** _____