



Spring 2010 Workshop Green Preservation

March 13, 2010, Saturday
Brandywine River Museum
Rt. 1, Chadds Ford, PA
All are welcome!

Fees:

Member: \$25.00 either dues-paid individual or municipality/organization

Non-member: \$30.00

Fees include workshop registration, food, and refreshments. Register early to ensure your spot! No refunds can be given. Make checks payable to CCHPN. Mail registration form and check to CCHPN, PO Box 174, West Chester, PA 19381. For information about the Workshop, call: 1-877-44-CCHPN (1-877-442-2476)

All Attendees are provided with a free pass to visit the museum that day.

- 8:30a Meet & Greet/Coffee and Pastries
- 9:00 Welcome, Bruce Knapp, *CCHPN Vice President*
- 9:05 **The Need for Going Green & Green Building Basics**
Heidi Kunsch, LEED® AP, *PA Dept. of Environmental Protection*
- 9:30 **The Sustainability of Old Buildings, Sustainable Adaptive Reuse & Weatherization**
Anita Franchetti, *National Trust for Historic Preservation*
- 10:45 Break
- 11:00 **Landscape Sustainability: Planning, Ordinances, and Land Use**, Tara Tracy, CPSS, *Brandywine Conservancy*
- 11:30 **Funding Opportunities for Green Preservation**, Heidi Kunsch
- 12:00p Lunch with Panel Discussion
- 1:00 Wrap-Up, Matthew E. Roberson, *CCHPN Board Member*
- 1:30 Adjournment



This program is co-sponsored by the **Brandywine Conservancy Environmental Management Center.**



Registration Form

RSVP by March 5, 2009

Municipality/Organization _____
 Primary Contact Person _____
 Email Address _____
 Street Address _____
 City/State/Zip Code _____
 Telephone _____

If you would like to include your membership dues with your registration, please check below:

Individual (\$20.00)
 Municipality/Organization (\$85.00)

Make checks payable to CCHPN

Names of Registrants - Municipality/Organization
(up to four at membership fee, others at non-member fee)

_____ @ \$25.00
 _____ @ \$25.00
 _____ @ \$25.00
 _____ @ \$25.00

Names of Registrants - Individual Members

_____ @ \$25.00
 _____ @ \$25.00
 _____ @ \$25.00

Total amount of check for registration fee and/or membership dues \$ _____

Names of Registrants - Non-Members and additional registrants from Municipality/Organization

_____ @ \$30.00
 _____ @ \$30.00
 _____ @ \$30.00

Mail form and check to: CCHPN, PO Box 174, West Chester, PA 19381. Thanks!