

PARTICIPANT REGISTRATION FORM

EI Contractor Safety Summit

November 5-6, 2009

Please print or type | Duplicate form for additional registrants

PARTICIPANT REGISTRATION

Full Name	Nickname for badge		
Title	Company		
Address	City	State	Zip Code
Telephone	Fax		
E-mail Address			

I will attend the Thursday Night Reception

SPOUSE/GUEST REGISTRATION

I will bring one guest to the Thursday Night Reception

Full Name	Nickname for badge		
City	State		

PAYMENT SECTION

Registration Fee \$250.00

Spouse/Guest (Thursday reception only) Free

CHECK \$ _____ Enclosed _____ To follow _____ Fees must be paid prior to conference

Please charge my credit card \$ _____ Visa _____ MasterCard _____ American Express _____

Make check payable to: Edison Electric Institute

Card Number	Expiration date
Name of Card Holder (as it appears on card)	Signature of Card Holder

Billing Address if different from above

Cancellations: All cancellations must be made in writing to Carren Spencer via e-mail. On/before October 12, 2009 will be fully refundable. On/after October 13, 2009, a \$100.00 administrative fee will be applied. No-shows are responsible for the full conference registration fee. Refunds will be processed and sent after the conference.

Please return no later than October 12, 2009 to:

Edison Electric Institute
Meeting Registration Dept.
701 Pennsylvania Ave. NW
Washington, DC 20004-2696
Fax: 202-508-5186

Office Use Only:	
Check #:	Date:
Amount:	
1-90-66-12-1636-431-0-99-35	
Cancellation Info:	
Date:	Refund Amount: