

**REGISTRATION FORM**  
**E EI ACCOUNTING STANDARDS COMMITTEE ANNUAL MEETING**  
**The Ritz-Carlton, Lake Las Vegas**  
**Henderson, Nevada**  
**November 15-18, 2009**

1-40-11/12-0027-431-0-99-37

Advance registration is required of all who plan to attend the meeting. The registration fee(s) must accompany this form and can be paid either by check (made payable to the ("Edison Electric Institute") or by credit card.

Registration Fees:

E EI Member Utility Industry Representative .....	\$ 950	\$ _____
E EI International Member Representative .....	\$ 950	_____
E EI Associate Member Representative .....	\$1050	_____
Spouse/Guest participation in the November 17 Dinner Event .....	\$ 75	_____

Total Amount ..... \$ \_\_\_\_\_

I will \_\_\_\_\_ I will not \_\_\_\_\_ be attending the November 17 dinner.

Please check the appropriate box: *My status with the Committee is:*

New Member \_\_\_\_\_ First Time Attendee \_\_\_\_\_

Refund Policy: Registration fees will be refunded minus a \$100.00 administration fee if notification of cancellation is received no later than **November 10, 2009**. No refunds will be made after that date. Substitutions are welcome.

NAME \_\_\_\_\_ TITLE \_\_\_\_\_

NAME AS YOU WANT IT PRINTED ON BADGE \_\_\_\_\_

COMPANY \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_ Email \_\_\_\_\_

SPOUSE/GUEST'S NAME, CITY & STATE \_\_\_\_\_

Would you like to receive a CPE certificate? Please circle one Yes No

PAYMENT INFORMATION: Please specify the payment method you will be using for registration:

PAYMENT:     CHECK                       VISA                       MC                       AMEX

If paying by check, please make payable to "Edison Electric Institute" and mail promptly with registration form to:

**Edison Electric Institute**  
**ATTN: Meeting Registration Office**  
**701 Pennsylvania Avenue, N.W.**  
**Washington, D.C. 20004-2696**

If paying by credit card please fax the registration form to (202) 508-5542 attn: Kim King.

\_\_\_\_\_  
CREDIT CARD # \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

\_\_\_\_\_  
BILLING ADDRESS OF CREDIT CARD \_\_\_\_\_

\_\_\_\_\_  
CARDHOLDER SIGNATURE \_\_\_\_\_ PRINTED NAME \_\_\_\_\_

**IF YOU ARE DISABLED AND WILL NEED SPECIAL REQUIREMENTS FOR THE MEETING OR IF YOU HAVE SPECIAL DIETARY NEEDS, PLEASE CONTACT DAVID STRINGFELLOW AT (202) 508-5494 OR AT DSTRINGFELLOW@EEI.ORG**