

Electric Operations Committees' Fall Event

September 11 - 13, 2017

REGISTRATION FORM

Tuesday Only Full Registration

\$ 110.00 \$ 125.00

After August 28, 2017:

\$ 127.00 \$ 142.00

The deadline for advance registration is Monday, August 28, 2017. Any registration received after this deadline will be charged the higher fee. Attendees will not be considered registered until the registration fee is paid. The deadline for a refund of the registration fee is August 28, 2017.

Enclosed find a registration fee per person of **\$110 (Tuesday, September 12th sessions only)** -including 9/12/17 cont. breakfast, coffee breaks, lunch and access to 9/12/17 exhibits and evening reception/networking opportunity; **\$125 (Full registration)** -for committee member and utility company registrants, also includes 9/13/17 breakfast, and 9/11/17 and 9/13/17 meetings

Will pay registration fee of \$127 (Tuesday only); \$142 (Full registration) after August 28th

I have an interest in PA professional engineers continuing education credits



Please return this registration form to the Energy Association

Should you need additional information, contact Debra Kitner at dkitner@energypa.org or 717-901-0609

Please enter registration for the following to attend the EAP Electric Operations Committees' Fall Event to be held at the Holiday Inn Allentown Center City, Allentown, PA on September 11-13, 2017.

Full Name _____

Title _____

Company _____

Address _____

City _____ State _____ Zip _____

Phone _____

E-Mail _____

*Credit card payments: scan and email to dkitner@energypa.org, or fax to 717-901-0611, or make checks payable to **Energy Association of PA** and mail to: Energy Association of PA, Attention: Debra Kitner, 800 N. 3rd Street, Suite 205, Harrisburg, PA 17102*

Credit Card Information Visa MasterCard

Card # _____ Exp. Date _____

Cardholder's Name (as it appears on card) AND **PLEASE INCLUDE** the Card Billing Address:

Last three numbers printed on the far right of the signature panel on the back of your Card _____

TOTAL Amount Due: _____

Cardholder Signature _____