

NPES 2009 REGIONAL MEETINGS

Registration Form

NPES Member Non-Member

Name _____ Title _____

Company _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

E-mail _____

Please make copies of this form for additional attendees.

PLEASE SELECT WHICH MEETING YOU WILL ATTEND:

- Friday • June 12 • Dayton, Ohio
- Monday • June 15 • Chicago, Illinois
- Thursday • June 25 • NY/NJ Metro Area
- Friday • June 26 • Boston, Massachusetts

COST: *Includes breakfast and lunch*

NPES Members – ~~\$180~~ \$75 NPES 2009 Stimulus Special
(\$50 each additional person from the same company)

Non-Members – \$195
(\$150 each additional person from the same company)
No cancellations, but substitutions are acceptable.

PAYMENT:

Payment must accompany registration form. Please pay by credit card or enclose a check payable to NPES.

Amount \$ _____

() By Enclosed Check (payable to NPES)

() By Credit Card:

() Visa () Master Card () American Express () Diners Club () Discover

Card Number _____ Verification # _____ Exp. Date _____

Cardholder's Name _____ Signature _____

Return Registration Form to:
NPES • P.O. Box 79842 • Baltimore, MD 21279-0842 • Fax 703/620-0994