

Attendee Registration

Register online at www.nei.org



**Willard InterContinental
Washington, D.C.
July 21, 2009**

Dr. Mr. Ms.

Name _____ Badge Name (informal) _____

Organization _____ Plant Name (if applicable) _____ Title _____

Mailing Address _____ City/State/Zip Code/Country _____

Phone Number _____ Fax _____

E-mail Address _____

Attendee Events
Tuesday, July 21
Reception 4–5:30 p.m.

Will Attend

Guest Event (ages 12 and up)
Tuesday, July 21
Reception 4–5:30 p.m.
Guest Names: _____

Will Attend

Registration Fee

Save \$100 by registering for the meeting no later than **June 30, 2009**. Registrations received after this date will increase by \$100.

Visa MasterCard Amex Discover

Advance Registration Fee (to NEI by June 30)

Member \$215 Non-Member \$500

Card Number _____ Expiration Date _____


Guest Registration Fee (guest of attendee only)

Tuesday Reception \$65 (ages 12 and up)

Required: Billing Address (if different from above) _____

Total of All Expenses \$ _____

Cardholder's Signature _____

Please indicate any special needs:


Send **credit card payment with registration form** to:
Linda Wells
Phone: 202.739.8039 / Fax: 202.833.2282
E-mail: registrar@nei.org

If your registration is not received by June 30, 2009, your name will not be placed on the conference participants list.

A \$75 cancellation fee will be applied to all refund requests before June 30, 2009. Refunds will not be given for cancellations received after June 30 ; however, substitutions always are accepted.

