

Attendee Registration

Register online at
www.nei.org



Westin Savannah
Savannah, GA
January 21-22, 2010

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 _____

 Please indicate any special needs: _____

Attendee Events <i>Wednesday, January 20</i> Opening Reception	Will Attend <input type="checkbox"/>	Guest Registration Opening Reception Guest Name(s) _____	Will Attend <input type="checkbox"/> # of Guests _____
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Registration Fee

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Member \$625 Nonmember \$1250

Guest Registration Fee (guest of attendee only)

\$60 (ages 18 and up) x # of Guests _____

Total of all Expenses \$ _____

Visa MasterCard Amex Discover

Card Number _____ Expiration Date _____

Required: Billing Address (if different from above)

Cardholder's Signature _____

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

Please ensure that your registration form is received by January 8th. Registrations received after that day may not appear on the final participants list.

A \$75 cancellation fee will be applied to all refunds received on or before Dec. 28.

Unfortunately, refunds cannot be provided for cancellations received after Dec. 28 however, we would be pleased to accept a substitute.