



**Independent Energy Producers Association (IEP)  
31<sup>st</sup> Annual Meeting – September 19-21, 2012  
Stanford Sierra Camp, Fallen Leaf Lake, South Lake Tahoe**



**SPONSOR ATTENDEE REGISTRATION FORM**

**(Please use one form per person. Duplicate as needed.)**

**SPONSOR ATTENDEE INFORMATION**

(Please circle one) Mr. / Mrs. / Ms. \_\_\_\_\_

Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Spouse/Other Name If Attending: \_\_\_\_\_ Children Names If Attending: \_\_\_\_\_

**REGISTRATION (Includes Lodging, Meals, Meetings & Materials)**

**\$5,000 Level** - Includes Registration for One (1) \$ \_\_\_\_\_

**\$7,500 Level** - Includes Registration for Two (2) \$ \_\_\_\_\_

**\$10,000 Level** - Includes Registration for Three (3) \$ \_\_\_\_\_

**\$12,500 Level** - Includes Registration for Four (4) \$ \_\_\_\_\_

**\$15,000 Level** - Includes Registration for Five (5) \$ \_\_\_\_\_

**Please list names of all persons attending under this Sponsorship:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**GUEST AND/OR CHILDREN (Includes Lodging & Meals)**

Guest - \$300 \$ \_\_\_\_\_

Children (4-12 yrs) - \$100 x \_\_\_\_\_ # of Children \$ \_\_\_\_\_

**GOLF TOURNAMENT FEE**

Golf Tournament - \$175 x \_\_\_\_\_ # of Golfers \$ \_\_\_\_\_

**TOTAL AMOUNT REMITTED (All Registrations Must be Prepaid)**

**Sponsorship Level** (Leave blank if invoice requested.) \$ \_\_\_\_\_

**Guest/Children Registration Total** \$ \_\_\_\_\_

**Golf Tournament Total** \$ \_\_\_\_\_

**TOTAL PAYMENT BEING SUBMITTED** \$ \_\_\_\_\_

**PAYMENT TYPE – CHECK OR CREDIT CARD**

Check **Please make check payable to:**  
**Independent Energy Producers Association**

Credit Card:  American Express  
 Master Card  
 Visa

C.C. Card #: \_\_\_\_\_

Exp. Date: \_\_\_\_\_

Name of C.C.: \_\_\_\_\_

Signature: \_\_\_\_\_

**PLEASE INDICATE MEALS NEEDED**

**All Meals during the Conference**

- - OR - -

**Select Each Meal Needed Below:**

**Weds., Sept. 19:**  Dinner

**Thurs., Sept. 20:**  Breakfast  Lunch  Dinner

**Fri., Sept. 21:**  Breakfast  Lunch

**Please return registration form & payment to:**

IEP Annual Meeting Sponsor  
1215 K St, Suite 900, Sacramento, CA 95814

**E-mail SIGNED credit card approval/ registration form to:** [jamie@iepa.com](mailto:jamie@iepa.com)

**Fax SIGNED credit card approval/ registration form to:** (916) 448-0182

**PLEASE NOTE:** Registration will not be confirmed until payment is received by IEP. Registration will not be accepted by telephone. No exceptions.

**CANCELLATIONS POLICY:** Cancellations received in writing before Monday, September 5, 2012 will be refunded minus a \$100 cancellation fee. Cancellations received in writing after **Monday, September 5, 2012 will NOT be refunded**; however, substitutions will be accepted. All accommodations are final, except as noted above.