

Independent Energy Producers Association's 35th Annual Meeting

September 19 – 21, 2016 (Monday – Wednesday)

Stanford Sierra Conference Center at Fallen Leaf Lake, South Lake Tahoe

Attendee Registration Form

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

(Please circle one) Mr. / Mrs. / Ms. _____

Title: _____

Organization: _____

Address: _____ City _____ State _____ Zip _____

Telephone: _____ Fax: _____ E-mail: _____

Name of Guest and/or Children Attending: _____

FULL REGISTRATION (Includes 2 Nights Lodging, All Meals, Meetings & Materials)

- IEP Member - \$2000 \$ _____
- Federal/State Agency Employees - \$1850 \$ _____
- Non-Member - \$2350 \$ _____

DAY USE ONLY (Includes All Meals, Meetings & Materials)

- IEP Member Day Registration - \$1450 \$ _____
- Fed/State Agency Day Registration - \$1300 \$ _____
- Non-Member Day Registration - \$1800 \$ _____

GUEST AND/OR CHILDREN (Includes Lodging & Meals)

- Guest - \$500 \$ _____
- Children (4-12 yrs) - \$100 x ____ # of Children \$ _____

GOLF TOURNAMENT FEE

- Golf Tournament - \$200 x ____ # of Golfers \$ _____

GROUP DISCOUNT GIVEN FOR EVERY 3rd PERSON (Must be employed by the same company.)

- IEP Member:** Register 3 persons from the **SAME COMPANY Discount** and **every 3rd** person pays \$1750 (Savings of \$250).
- Non-Member:** Register 3 persons from the **SAME COMPANY Discount** and **every 3rd** person pays \$2100 (Savings of \$250).

1st Person Name: _____ Pays \$ 2000/\$2350

2nd Person Name: _____ Pays \$ 2000/\$2350

3rd Person Name: _____ Pays \$ 1750/\$2100

List all names above and submit a separate form for each person.

TOTAL AMOUNT REMITTED (Registrations MUST be Prepaid)

Full Registration Total \$ _____

Day Use Registration Total \$ _____

Golf Tournament Total \$ _____

TOTAL FROM ALL CATEGORIES \$ _____

IMPORTANT: PLEASE INDICATE EACH MEAL YOU WILL ATTEND.

- Yes, I Will Attend All Meals.
- OR --**
- I Will Attend Only the Meals Selected Below:
 - Mon, Sept. 19: Dinner
 - Tues, Sept. 20: Breakfast Lunch Dinner
 - Weds, Sept. 21: Breakfast Lunch

PAYMENT TYPE – CHECK OR CREDIT CARD

- Check (Check Number: _____)
- Pay with Credit Card:
 - American Express
 - Master Card
 - Visa

C.C. Card #: _____

Exp. Date: _____ Zip Code: _____

Name on C.C.: _____

Signature: _____

Please return registration form & payment to:

**Independent Energy Producers Association
1215 K St, Suite 900, Sacramento, CA 95814**

Email SIGNED credit card approval/registration form to:
jamie@iepa.com

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

PLEASE NOTE: Registration and lodging are not confirmed until payment is received by IEP. Registration will NOT be accepted by telephone. No exceptions.

CANCELLATION POLICY: Cancellations received in writing before Friday, September 2, 2016 will be refunded minus a \$100 cancellation fee. Cancellations received in writing on or after Friday, September 2, 2016 will NOT be refunded; however, substitutions will be accepted. All accommodations are final, except as noted above.