

# Independent Energy Producers Association's 38<sup>th</sup> Annual Meeting

## September 23 - 25, 2019 (Monday – Wednesday)

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

## Sponsor Attendee Registration Form

**(Please submit separate registration form for each sponsor attendee. Duplicate as needed.)**

**SPONSOR ATTENDEE INFORMATION (This information is used to mail each sponsor attendee a meeting packet.)**

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

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

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

Address to Mail Meeting Packet to: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Spouse/Other Name If Attending: \_\_\_\_\_ Child's Name If Attending: \_\_\_\_\_

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

- \$5,000 Level:** Includes Registration for One (1) \$ \_\_\_\_\_
- \$10,000 Level:** Includes Registration for Two (2) \$ \_\_\_\_\_
- \$15,000 Level:** Includes Registration for Three (3) \$ \_\_\_\_\_

**List names of all persons attending under this Company Sponsorship:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

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

- Spouse/Guest: \$500 \$ \_\_\_\_\_
- Children (4-12 yrs.): \$100 x \_\_\_\_\_ # of Children \$ \_\_\_\_\_

**GOLF TOURNAMENT FEE (Monday, September 23, 2019)**

- Golf Tournament: \$200 x \_\_\_\_\_ # of Golfers \$ \_\_\_\_\_

**TOTAL AMOUNT REMITTED (Registrations MUST be Prepaid)**

<b>Sponsorship Level</b>	\$ _____
<b>Guest/Children Registration Total</b>	\$ _____
<b>Golf Tournament Total</b>	\$ _____
<b>TOTAL PAYMENT BEING SUBMITTED</b>	\$ _____

**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. 23    Dinner
- Tues, Sept. 24    Breakfast  Lunch  Dinner
- Weds, Sept. 25:    Breakfast  Lunch

**PAYMENT TYPE – CHECK OR CREDIT CARD**

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

Card #: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name on C.C.: \_\_\_\_\_

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

Please return registration form & payment to:

**Independent Energy Producers Association**  
P.O. Box 1287, Sloughouse, CA 95683

Email SIGNED credit card approval/registration form to: [jamie@iepa.com](mailto:jamie@iepa.com)

Fax SIGNED credit card approval/registration form to: **(916) 848-3682**

**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, August 23, 2018** will be refunded **minus a \$100 cancellation fee.** Cancellations received **in writing on or after Friday, August 23, 2018 will NOT be refunded;** however, substitutions will be accepted. All accommodations are final, except as noted above.