



Independent Energy Producers Association (IEP)
32nd Annual Meeting – September 25-27, 2013
Stanford Sierra Camp, Fallen Leaf Lake, South Lake Tahoe
(Please use one form per person. Duplicate as needed.)



ATTENDEE INFORMATION

(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 Lodging, Meals, Meetings & Materials)

- IEP Member - \$1900 \$ _____
- Federal/State Agency Employees - \$1750 \$ _____
- Non-Member - \$2250 \$ _____

DAY USE ONLY (Includes Meals, Meetings & Materials)

- IEP Member Day Registration - \$1350 \$ _____
- Fed/State Agency Day Registration - \$1200 \$ _____
- Non-Member Day Registration - \$1700 \$ _____

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 \$ _____

GROUP DISCOUNT GIVEN FOR REGISTERING 3 OR MORE PERSONS FROM SAME COMPANY.

- IEP Member:** Register 3 persons from the same company and the **Discount** 3rd person pays only \$1650 (**Savings of \$250**).
 - Non-Member:** Register 3 persons from the same company and the **Discount** 3rd person pays only \$2000 (**Savings of \$250**).
- 1st Person Name: _____ Pays \$ 1900/\$2250
2nd Person Name: _____ Pays \$ 1900/\$2250
3rd Person Name: _____ Pays \$ 1650/\$2000

Please list names above and submit a separate form for each person.

TOTAL AMOUNT REMITTED (All Registrations Must be Prepaid)

Full Registration Total \$ _____
Day Use Registration Total \$ _____
Golf Tournament Total \$ _____
TOTAL FROM ALL CATEGORIES \$ _____

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. 25: Dinner
Thurs., Sept. 26: Breakfast Lunch Dinner
Fri., Sept. 27: Breakfast Lunch

Please return registration form & payment to:
IEP Annual Meeting
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 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 9, 2013 will be refunded minus a \$100 cancellation fee. Cancellations received in writing after Monday, September 9, 2013 will **NOT** be refunded; however, substitutions will be accepted. All accommodations are final, except as noted above.

