

2018 EGSA George Rowley School of On-Site Power Generation Registration Form

Contact Name _____
 Company _____ Title _____
 Type of Company Manufacturer Manufacturer's Rep. Distributor/Dealer Consult./Spec. Engineer Elect. Contractor Other
 E-mail _____ Phone _____ Fax _____
 Address _____
 City _____ State _____ Zip _____ Country _____

Cancellation Policy All cancellation requests must be made in writing. Full refunds will be granted if cancellation is received 30 days prior to the date of the school. A 50% refund will be granted to cancellations received 15-29 days before the school. No refunds will be granted if cancellations are received 14 days or less before the school. Refunds will be issued after the completion of the school. In the event of insufficient registrations, EGSA reserves the right to cancel any school 30 days prior to its scheduled date.

Choose Your School (Choose One School Only)	Registrants Use these codes to indicate each registrant's Job Function below 1: Engineering 2: Sales/Marketing 3: Service 4: Management 5: Other	Registrant Pricing (Check Fees for Each Registrant)				CEUs?	Total
		Basic Schools		Advanced Schools			
		EGSA Member	EGSA Non-Member	EGSA Member	EGSA Non-Member		
Basic Schools <input type="checkbox"/> Austin, TX - February 19-21 <input type="checkbox"/> Austin, TX - June 4-6 <input type="checkbox"/> Orlando, FL - December 3-5 Advanced Schools <input type="checkbox"/> Scottsdale, AZ - April 9-12 <input type="checkbox"/> Scottsdale, AZ - July 16-19 Note: Classes are held on the days indicated in the schedule above. Please book your room for arrival one day prior to the dates indicated above. Classes end at approximately 5:00 p.m. on the final day of the school so any return travel should be made accordingly. If registering for additional schools, please use a separate form.	1. Name _____ Email _____ Job Function <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> \$1340	<input type="checkbox"/> \$1660	<input type="checkbox"/> \$1555	<input type="checkbox"/> \$1875	<input type="checkbox"/> \$50	
	2. Name _____ Email _____ Job Function <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> \$1235	<input type="checkbox"/> \$1555	<input type="checkbox"/> \$1445	<input type="checkbox"/> \$1770	<input type="checkbox"/> \$50	
	3. Name _____ Email _____ Job Function <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> \$1235	<input type="checkbox"/> \$1555	<input type="checkbox"/> \$1445	<input type="checkbox"/> \$1770	<input type="checkbox"/> \$50	
	4. Name _____ Email _____ Job Function <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> \$1235	<input type="checkbox"/> \$1555	<input type="checkbox"/> \$1445	<input type="checkbox"/> \$1770	<input type="checkbox"/> \$50	
	5. Name _____ Email _____ Job Function <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> \$1235	<input type="checkbox"/> \$1555	<input type="checkbox"/> \$1445	<input type="checkbox"/> \$1770	<input type="checkbox"/> \$50	
	6. Name _____ Email _____ Job Function <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> \$1125	<input type="checkbox"/> \$1445	<input type="checkbox"/> \$1340	<input type="checkbox"/> \$1660	<input type="checkbox"/> \$50	

Method of Payment My Check (payable to EGSA in US dollars) American Express VISA MasterCard

Total Enclosed _____

Card # _____ Exp. Date _____ Security Code* _____

*Visa/MC: security code is last 3 digits of number printed on the back of the card; AMEX: 4-digit number above the card number on the front of card.

Name on Card _____

Billing address (if different from above): _____

Signature: _____

Mail this form WITH PAYMENT to: **EGSA**, 1650 South Dixie Hwy., Suite. 400, Boca Raton, FL 33432 561/750-5575 Fax 561/395-8557 E-mail: e-mail@egsa.org

