

# 2020 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		
<b>Basic Schools</b> <input type="checkbox"/> <b>San Diego, CA</b> - Feb 24-27, 2020 <input type="checkbox"/> <b>Minneapolis, MN</b> - June 1-4, 2020 <input type="checkbox"/> <b>Orlando, FL</b> - December 7-10, 2020 Note: Basic School classes are held on the days indicated in the schedule above. Please book your room for arrival one day prior to the dates shown. Basic School classes end at approximately noon on the final day of class. Return travel should be made accordingly. <b>Lunch is not included on the final day of the Basic School.</b>	<b>1. Name</b> _____ 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<b>2. Name</b> _____ Email _____ Job Function <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	\$1485	\$1805	\$1555	\$1875	\$50	
	<b>3. Name</b> _____ Email _____ Job Function <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	\$1380	\$1700	\$1445	\$1770	\$50	
	<b>4. Name</b> _____ Email _____ Job Function <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	\$1380	\$1700	\$1445	\$1770	\$50	
	<b>5. Name</b> _____ Email _____ Job Function <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	\$1380	\$1700	\$1445	\$1770	\$50	
	<b>6. Name</b> _____ Email _____ Job Function <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	\$1270	\$1590	\$1340	\$1660	\$50	
<b>Advanced Schools</b> <input type="checkbox"/> <b>Houston, TX</b> - April 20-23, 2020 <input type="checkbox"/> <b>Hartford, CT</b> - July 20-23, 2020 <input type="checkbox"/> <b>Minneapolis, MN</b> - Nov 2-5, 2020 Note: Advanced School classes are held on the days indicated in the schedule above. Please book your room for arrival one day prior to the dates shown. Advanced School classes end at approximately 5:00 p.m. on the final day of class. Return travel should be made accordingly.  <b>If registering for additional schools, please use a separate form.</b>							

**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](mailto:e-mail@egsa.org)

