

Advanced School Registration Form

2021 EGSA George Rowley School of On-Site Power Generation

Select School Location/Date:

Kansas City, MO - May 17-20, 2021

Atlanta, GA - July 19-22, 2021

If registering for additional schools, please use a separate form.

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.

Contact Name _____

Company _____ Title _____

Type of Company Manufacturer Manufacturer's Rep. Distributor/Dealer Consult./Spec. Engineer Elect. Contractor Other

E-mail _____ Phone _____

Address _____

City _____ State _____ Zip _____ Country _____

Advanced School Registrants	Pricing		CEUs?	Total
Use these codes to indicate each registrant's Job Function below 1: Engineering 2: Sales/Marketing 3: Service 4: Management 5: Other	EGSA Member	EGSA Non-Member		
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"/> \$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"/> \$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"/> \$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"/> \$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"/> \$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"/> \$1340	<input type="checkbox"/> \$1660	<input type="checkbox"/> \$50	
Total Enclosed				

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.



Method of Payment

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

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 _____ Signature: _____

Billing address (if different from above): _____

Preferred Delivery Method: E-mail Completed Form to: e-mail@egsa.org

Other Delivery Options: Mail this form WITH PAYMENT to: EGSA, 1650 South Dixie Hwy., Suite. 400, Boca Raton, FL 33432

Fax Completed Form to: 561.395.8557

Questions: Call 561.750.5575