

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

Location: \_\_\_\_\_

Date: \_\_\_\_\_

## REGISTRATION FORM

### ONE FORM PER ATTENDEE

First Name \_\_\_\_\_  
(as you would like it to appear on your name badge)

Last Name \_\_\_\_\_

Title \_\_\_\_\_

Organization \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Fax \_\_\_\_\_

NOTE: If you include your fax number, this will serve as consent to receive information via fax

If you have dietary/accessibility needs, please specify:

\_\_\_\_\_

### PAYMENT INFORMATION

Promotional Code: \_\_\_\_\_

Check (please make check payable to Energy Center of Wisconsin)

Visa       Mastercard       American Express

Credit Card # \_\_\_\_\_

Expiration Date \_\_\_\_ / \_\_\_\_ CSV \_\_\_\_\_

Name on Card \_\_\_\_\_

Signature \_\_\_\_\_

Billing Address \_\_\_\_\_

\_\_\_\_\_

Same as Mailing Address on left

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