

RESERVE YOUR SPOT

Mid Atlantic Gas T&D Seminar and Vendor Expo

Register NOW to grab your 2022 Exhibit Space / sponsorship!

Name

Title

Company

Address

City

State

Zip

E-mail

Phone

Fax

Website

____ Yes, please reserve my tabletop exhibit space (8'w x 2.5'd draped table).
I've enclosed \$510, which includes one attendee. *(Individual Affiliate Members enjoy a discounted fee.)*

Note that exhibit space assignment is based on time/date of receipt of payment*
(Affiliate members enjoy advance/priority placement.)

A floor plan and *Application and Agreement for Exhibit Space* will be sent to you.

Exhibit space fees do not include cost of electrical hook-ups/wired high speed internet line.

____ Yes, I want to be an event Sponsor and be recognized at all event facility food events.
I've enclosed \$175 *(Individual Affiliate Members enjoy a discounted fee.)*

____ I will donate a Door Prize(s) to be utilized during the Gas T&D educational session door prize drawing. *(No alcohol related door prizes, please.)*

____ **Additional exhibitor attendees @ Advance registration \$160 each, After May 13th \$177 each**

____ Yes, as an exhibitor/sponsor, I am interested in a Link directly to my company's web site from the Association's web site event exhibitor/sponsor listing, effective through 12/31/2022.
I've enclosed \$30

____ Yes, as an exhibitor, I am interested in registering for June 2nd admission to the Gas T&D educational session / seminar, *when the exhibit hall is closed.*
I've enclosed \$30 each

*Credit card payments: scan and email to dkitner@energypa.org, or fax to 717-901-0611, or make checks payable to *Energy Association of PA* and mail to: Energy Association of PA, ATTENTION: Debra Kitner, 800 N. 3rd Street, Suite 205, Harrisburg, PA 17102 *(Prefer to provide credit card details directly over the phone? - Email request to dkitner@energypa.org)*

Credit Cards Accepted: ____ Visa ____ MasterCard Card # _____ Exp. Date _____

Provide the last three numbers printed on the far right of the signature panel on the back of your Card: _____

TOTAL Exhibit/Sponsor Amount Due: \$ _____

Provide the Card Billing Address: (Registration tip -- this is the address to which the bill for payment of the credit card is mailed each month. This may not be the physical address of your office. Please confirm the billing address with your accounting department.)

Provide the Cardholder Name as it appears on card _____