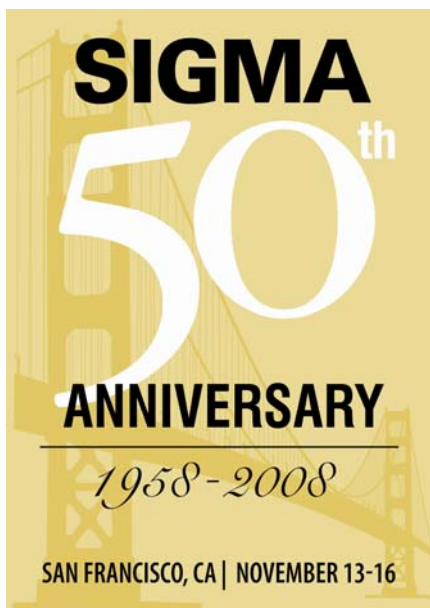


**2008 ANNUAL MEETING  
THE FAIRMONT HOTEL, SAN FRANCISCO, CA  
NOVEMBER 13 – 16, 2008  
“EARLY BIRD” REGISTRATION FORM**



Use a separate form for each registrant from the company. Photocopies of this form are acceptable. To qualify for discounted rates, both this form and payment must be received by SIGMA by the stated deadline.

Full Name: \_\_\_\_\_

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

Nickname for Badge: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Short Company Badge Name (Maximum 15 Characters):

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Attending Spouse/Guest Name: \_\_\_\_\_

Nickname for Badge: \_\_\_\_\_ Spouse E-Mail: \_\_\_\_\_

Full Home Address: \_\_\_\_\_

**REGISTRATION FEES**

	<b>Early Bird Rates</b> (Until 5/31/08)	<b>Advance Rates</b> (5/31-8/3/08)	<b>Regular Rates</b> (8/3-10/10/08)	<b>Late Rates</b> (After 10/10/08)	<b>Amount Due</b>
Regular Member	\$ 650	\$ 749	\$ 800	\$849	_____
Prospective Member	\$ 750	\$ 849	\$ 900	\$949	_____
Spouse/Guest	\$ 300	\$ 350	\$ 375	\$400	_____
Non-Fuel Supplier	See separate Non-Fuel Supplier Registration Form				

**TOTAL AMOUNT DUE** \_\_\_\_\_

Check Enclosed       Credit Card (Visa, MasterCard, or American Express only)

Card # |\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|      **Exp Date:** \_\_\_\_\_      **Security Code:** \_\_\_\_\_

Signature: \_\_\_\_\_

I understand that \$10 of my meeting registration fee, which cannot be deducted from the total, covers my dues as a SIGMA Booster.

Signature: \_\_\_\_\_

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

**SPECIAL SERVICES:**  Check here if you or your spouse/guest require special accommodations to fully participate. Please attach a written description of needs.

**CANCELLATION POLICY:** Registrations canceled in writing: Before September 3, 2008 – Full Refund. Between September 3, 2008 – October 10, 2008 - Partial Refund. After October 10, 2008 - No Refund.

**RETURN THIS FORM TO : SIGMA, 11495 Sunset Hills Road, Suite 215, Reston, VA 20190.**

**Phone: 703-709-7000; Fax: 703-709-7007.**

**SAVE A COPY FOR YOUR RECORDS!**