2009 ANNUAL MEETING
THE FAIRMONT HOTEL, CHICAGO, IL
NOVEMBER 13 – 15, 2009
"ADVANCE" 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):
|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

Attending Spouse/Guest Name: _____

Nickname for Badge:_____Spouse E-Mail: _____

Full Home Address: _____

REGISTRATION FEES

		Advance Rates (5/29 -7/31/09)	**Regular Rates** (7/31-10/9/09)	**Late Rates** (After 10/9/09)	**Amount Due**
Regular Member		$ 749	$ 800	$849	_____
Prospective Member		$ 849	$ 900	$949	_____
Spouse/Guest		$ 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 4, 2009 – Full Refund. Between September 4, 2009 – October 9, 2009 - Partial Refund. After October 9, 2009 - No Refund.

RETURN THIS FORM TO : SIGMA, 3930 Pender Drive, Suite 340, Fairfax, VA 22030.
Phone: 703-709-7000; Fax: 703-709-7007.
SAVE A COPY FOR YOUR RECORDS!