

Spring Workshop & Conference April 2-5, 2017 Charleston Marriott Charleston, South Carolina

Hotel Reservation Information Charleston Marriott 170 Lockwood Boulevard Charleston, SC 29403		Attendee Registration (Use one form for each person registering) NAME (Please enter as you want your name to appear on badge)			
The government rate is \$178/night* There is a limited number of government rooms available on peak nights, so don't wait!		MAILING ADDRESS			
		CITY	STATE/PROVINCE	ZIP/POSTAL CODE	
To request a room in the EUCG block: <u>Follow this link</u> or call (800) 228-9290. To reserve a room at the government rate: call 843-266-7874.		Nuclear Member (Pre-paid) \$0*			\$975 \$1,275 \$0*
*Or the prevailing government rate at the time of reservation. Each attendee is responsible for making their own reservations and for any hotel room cancellations.		□ Hyd □ T&D	sil Member (Pre-paid) ro Member (Pre-paid)) Member (Pre-paid)		\$0** \$0**
Function in Company: Business Improvement Planning Reporting Engineering	Registrant Profile: Fossil Nuclear Solar Hydro	** One pre-paid re dues. Full registration incl	jistration per company. Additional egistration per company if worksho udes admission to all sessio	pp registration was paid with me	embership
□ Supply	□ T&D	access to all session handout materials. Payment			
 Ops & Mtc. Member of: Site Organization Central Organization 	 Please check all that apply: □ First Time Attendee □ I plan to attend the Monday Evening Networking Event on April 3rd 	1130 Sunrise Valley Drive, Sunts/Faxed to: 703/435-4390	ed. Make all checks payable to EUCG, Inc. 0 Sunrise Valley Drive, Suite 350, Reston, VA, 20191 Faxed to: 703/435-4390 or E-mailed to: <u>kaiser@eucg.org</u> American Express		
Questions? Call (703) 234-4116 or		CARD NUMBER	EXPIRATION	SEC Code	
E-mail us at <u>kaiser@eucg.org</u>		CARDHOLDER NA	ME (As it appears on card)		
Cancellation Policy Registration fees will be refunded minus a \$125 administrative fee for cancellations received in writing on					
your company letterhead, via fax, email or mail, no later than March 11, 2017. No refunds will be made for		SIGNATURE OF C	ARDHOLDER		ATE
cancellations received after March 11, 2017.			a Amount to Gharye Gredit Ga	ια. ψ	_

If you have any special dietary or accommodation needs, please contact a member of the EUCG staff.



(All Spouses & Guests, please use this form.)

Spouse or Guest Name (first and last name, please print)

EUCG Delegate you are attending with:

Name:

Company

Registration Fee is \$175

This registration fee entitles your spouse or guest access to the Sunday Hospitality, Monday Reception and Dinner, and all other workshop meals.

Payment

My check is enclosed. Make all checks payable to EUCG, Inc. Mail to: EUCG, 11130 Sunrise Valley Dr., Suite 350, Reston, VA, 20191

Credit Card payments/Faxed to: (703) 435-4390 or E-mail to: Kaiser@eucg.org Visa _____MasterCard _____American Express

CARD NUMBER

EXPIRATION

SEC Code

CARDHOLDER NAME (As it appears on card)

SIGNATURE OF CARDHOLDER

DATE

Total Check Amount or Amount to Charge Credit Card: \$_____

Cancellation Policy: If for any reason, you cannot attend or need to cancel, Spouse/Guest fees will be refunded if cancellation is received no later than March 11, 2017. No refunds will be made after March 11, 2017.