|  |  |
| --- | --- |
| Company Name: |  |
| Company Address: |  |
| City, State, and Zip: |  |
| Company Contact Phone Number: |  |
| Attendee Email Address(es): |  |
| Attendee Names (to be used for name tags/badges): |  |

**Symposium Attendance Options:**

|  |  |  |
| --- | --- | --- |
| Attendance Option | Cost | Number of Attendees |
| Attendee | $225.00 |  |
| Guest Dinner | $70.00 |  |
| Guest Lunch | $30.00 |  |

\*Please note that there is not a host bar available at the dinner and social mixer

**Add on Options:**

|  |  |  |
| --- | --- | --- |
| Add-On Option | Cost | Number of Attendees |
| Rectifier Training Course | $195.00 |  |
| Basic Cathodic Protection Training Course | $195.00 |  |

\*Please note that Training Course includes lunch on Wednesday but does not include attendance to the presentations.

**Vendor Specific Fees:**

|  |  |  |
| --- | --- | --- |
| Category | Cost | Selection |
| Vendor Table | $500.00 (first 15 tables free) power $60 |  |
| Vendor Sponsorship (Coffee) |  |  |
| Vendor Sponsorship (host bar) |  |  |

|  |
| --- |
| **REGISTRATION PROCESS** |
| **PAYMENT BY CHECK** | **PAYMENT BY CREDIT CARD** |
| PLEASE MAKE CHECKS PAYABLE TO SIEOIf paying by check, mail it and this form to:SIEO CommitteeAttn: Scott Hubbard2578 S Brandy’s Jewel Ave, Meridian ID 83642(208) 859-7718 | If paying by Credit Card, fill out and scan this form and email to oldmthrhubbard@gmail.complease provide a phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Scott will call you for card information asap. |