

***PLEASE PROVIDE COMPLETE DETAILS AS INFORMATION WILL BE PUBLISHED IN BOOTH BROCHURE**

COMPANY NAME:

COMPANY ADDRESS:

COMPANY PHONE:

COMPANY WEBSITE:

**MAIN COMPANY EMAIL:
(IF APPLICABLE)**

***Please forward a short company description (150 words) and company logo to: Louise@maritimesenergy.com**

Attending Delegates	
Name	Fee*
1	\$700
2	\$400
3	\$400
4	\$400
5	\$400
Sub-Total Registration Cost	

***Company registration \$700CAD includes ONE exhibitor pass only, second and subsequent passes are \$400 CAD**

Payment Method for REGISTRATION:

<input type="radio"/>	Invoice / Cheque	Invoice # <i>Office Use Only</i> _____
<input type="radio"/>	Visa #	_____
<input type="radio"/>	MasterCard #	_____
<input type="radio"/>	AMEX #	_____

Credit Card details:

Name:	_____	
Address:	_____	
<input type="radio"/> as above	_____	
Expiry:	____/____	_____
CVV:	_____	Authorization # _____ <i>Office Use Only</i>

Consent given by: _____

Company Contact Information:

Name:	_____
Phone:	_____
Email:	_____

DELEGATE #1

First Name

Last Name

Title/Position

Address (if different from Company Address Above)

Street

City

Province

Postal Code

Phone

Mobile

Email

Emergency Contact Number

Emergency Contact Person

HOTEL BOOKING REQUIRED?

YES

NO

Check in: month / day

Check out: month / day

Choose ONE: Room \$267USD* or Suite \$277 USD*

****Plus applicable hotel fees & taxes***

*****Credit Card information MUST be supplied for room reservations*****

Use same Credit Card as above, OR:

Visa #

MasterCard #

AMEX #

Credit Card details:

Name:

Address:

Expiry: /

CVV:

Authorization #

Office Use Only

Consent given by:

DELEGATE #2

First Name		Last Name	
Title/Position			
Address (if different from Company Address Above)			
Street		City	
Province		Postal Code	
Phone		Mobile	
Email			
Emergency Contact Number		Emergency Contact Person	

HOTEL BOOKING REQUIRED? YES NO

Check in: /
Check out: /

Choose ONE: or

****Plus applicable hotel fees & taxes***

*****Credit Card information MUST be supplied for room reservations*****

Use same Credit Card as above, OR:

Visa #

MasterCard #

AMEX #

Credit Card details:

Name:

Address:

Expiry: /

CVV:

Authorization # *Office Use Only*

Consent given by:

DELEGATE #3

First Name

Last Name

Title/Position

Address (if different from Company Address Above)

Street

City

Province

Postal Code

Phone

Mobile

Email

Emergency Contact Number

Emergency Contact Person

HOTEL BOOKING REQUIRED?

YES

NO

Check in: month / day

Check out: month / day

Choose ONE: Room \$267USD* or Suite \$277 USD*

****Plus applicable hotel fees & taxes***

*****Credit Card information MUST be supplied for room reservations*****



Use same Credit Card as above, OR:



Visa #



MasterCard #



AMEX #

Credit Card details:

Name:

Address:

Expiry: /

CVV:

Authorization #

Office Use Only

Consent given by:

DELEGATE #4**First Name****Last Name****Title/Position****Address (if different from Company Address Above)****Street****City****Province****Postal Code****Phone****Mobile****Email****Emergency Contact Number****Emergency Contact Person****HOTEL BOOKING REQUIRED?**

YES

NO

Check in: month / day

Check out: month / day

Choose ONE: Room \$267USD* or Suite \$277 USD*

****Plus applicable hotel fees & taxes********Credit Card information MUST be supplied for room reservations*****

Use same Credit Card as above, OR:



Visa #



MasterCard #



AMEX #

Credit Card details:

Name:

Address:

Expiry: /

CVV:

Authorization #

Office Use Only

Consent given by:

DELEGATE #5

First Name

Last Name

Title/Position

Address (if different from Company Address Above)

Street

City

Province

Postal Code

Phone

Mobile

Email

Emergency Contact Number

Emergency Contact Person

HOTEL BOOKING REQUIRED?

YES

NO

Check in: month / day

Check out: month / day

Choose ONE: Room \$267USD* or Suite \$277 USD*

****Plus applicable hotel fees & taxes***

*****Credit Card information MUST be supplied for room reservations*****

Use same Credit Card as above, OR:

Visa #

MasterCard #

AMEX #

Credit Card details:

Name:

Address:

Expiry: /

CVV:

Authorization #

Office Use Only

Consent given by: