

Bulk Registration Form For Use by CETAC Non-Members Only

Company Name: _____
 Company Address: _____
 Main Contact Name: _____
 E-mail Address: _____
 Phone: _____
 Fax: _____



Please complete all information below for each registrant and place an **X** in the column indicating which conference session they will attend.

Completed forms should be saved and e-mailed to **registration@oesna.com** or faxed to **407-381-2243**.

For payment of all bulk registrations, please call the OES-NA office at 407-381-2223 to provide payment information. (Fee: \$1,000/per person)

Participant Name	Email Address	Mailing Address	Phone #	NERC ID #	Exp Date	Training Dates: Choose one					Dietary Restrictions
						March 16-19	March 23-26	Mar 30-Apr 2	April 6-9	April 13-16	

Cancellation Policy: Refunds will only be provided if cancellation is made at least 4 weeks prior to the first day of the CETAC training **Late Registration or Changing Start Date:** Any changes within 4 weeks of the registered start date will incur a \$250 fee and be accepted at the discretion of the CETAC Chair