

Attendee Name _____ Preferred Name _____
 Company _____ City, State/Prov _____
 Job Title _____
 Work Phone _____ Cell Phone¹ _____
 Email² _____

In planning menus for the event, we will do our best to accommodate dietary restrictions or allergies; please help us by providing info below:

Gluten-free Kosher Vegan Allergies (specify): _____

¹Cell phone is to be used in the event of an emergency only and will not be published/distributed outside of NAPCO or to other attendees.

²In order to comply with anti-spam legislation, please agree to be contacted via email about this and other NAPCO events. We do not share contact information outside of NAPCO. You may unsubscribe at any time.

Liability Waiver: By applying for and attending the North American Power Credit Organization (NAPCO) conference, the attendee and his/her company agrees to hold NAPCO, RMG Financial Consulting, Inc. (RMG), the Hotel and Other Event Locations or Sponsors harmless for any injury, death, illness, or loss that may occur to any persons or property during the conference. NAPCO, RMG, the Hotel and Other Event Locations and/or Sponsors are not responsible for any lost articles, injuries, death or illness that may occur during the conference. Application and submittal of this registration form via email, fax or other means acts as acknowledgment and acceptance of the liability waiver.

Conference Fees & Payment

Please carefully note cancellation / refund policy below.

NAPCO Member Registration † Your company must be a 2019 member at the time of registration in order to qualify for the member rate.

Non Member Registration

Guest Dinner Fee for Name:

† Request a copy of the membership form at: reisenauer@rmgfinancial.com

†† A late fee of \$45.00 will be assessed automatically after January 31.

Early Bird Registration (November 19 – January 31)	Advance Registration** (February 1 – March 5)
<input type="checkbox"/> \$350	<input type="checkbox"/> \$395
<input type="checkbox"/> \$750	<input type="checkbox"/> \$795
<input type="checkbox"/> \$90	<input type="checkbox"/> \$90
Total Amount Due: US \$	

Check, payable to: **North American Power Credit Organization**

Credit Card (VISA / MC / AMEX), complete the following:

Name on Card _____ Card Number _____
 Signature _____ Expiration Date _____ Sec Code _____

Cancellation / Refund Policy: All cancellations should be requested by January 31 in order to be eligible for a refund. After that time, no refunds will be available; however, registration may be transferred to another employee of your company if requested via email prior to the conference. Please note that registrants who have paid with a credit card are subject to a \$50.00 cancellation processing fee. Questions or cancellations should be directed at the NAPCO Facilitator: **Rachel Reisenauer**, Phone: (509) 532-8896 or Email: reisenauer@rmgfinancial.com

Send Completed Form To:
 Mail: RMG c/o NAPCO Registration
 813 East Ballard Ave
 Colbert, WA 99005
 Fax: (240) 238-2616
 Email: reisenauer@rmgfinancial.com

Need a Receipt? Please provide email: _____

2019 COMPANY MEMBERSHIP FORM (Annual Dues US\$750)

COMPANY MEMBER DETAILS

Company Name

City, State/Province

COMPANY REPRESENTATIVE DETAILS

1. Full Name ¹ <input type="text"/>	2. Full Name ¹ <input type="text"/>
Job Title <input type="text"/>	Job Title <input type="text"/>
Phone <input type="text"/>	Phone <input type="text"/>
Email <input type="checkbox"/> <input type="text"/>	Email <input type="checkbox"/> <input type="text"/>

In order to help us communicate events and for inclusion in the 2018 NAPCO Membership Directory, please also consider providing additional contact information for your staff below²:

3. Full Name <input type="text"/>	4. Full Name <input type="text"/>
Job Title <input type="text"/>	Job Title <input type="text"/>
Phone <input type="text"/>	Phone <input type="text"/>
Email <input type="checkbox"/> <input type="text"/>	Email <input type="checkbox"/> <input type="text"/>
5. Full Name <input type="text"/>	6. Full Name <input type="text"/>
Job Title <input type="text"/>	Job Title <input type="text"/>
Phone <input type="text"/>	Phone <input type="text"/>
Email <input type="checkbox"/> <input type="text"/>	Email <input type="checkbox"/> <input type="text"/>
7. Full Name <input type="text"/>	8. Full Name <input type="text"/>
Job Title <input type="text"/>	Job Title <input type="text"/>
Phone <input type="text"/>	Phone <input type="text"/>
Email <input type="checkbox"/> <input type="text"/>	Email <input type="checkbox"/> <input type="text"/>

¹Please submit the name and contact information for the Primary Company Representative (position 1 above) of the Member Company. This is required for company membership. Please also submit a designated Alternative Representative (2 above) if applicable. Please note, by submittal of this form, the Primary Company Representative agrees to fulfill and perform all the obligations and requirements of membership as contained in the NAPCO By-Laws and will abide by the Anti-Trust Compliance Statement (copies are available on request).

²All other staff information is optional, but will aid in the creation of the 2019 NAPCO Membership Directory, which will be made available to members **only** and is **not** intended to be used for outside solicitation. Please note, emails with checkmark will automatically be added to the NAPCO distribution list; however, in compliance with anti-spam legislation, you or your staff may unsubscribe from NAPCO emails at any time by emailing reisenauer@rmgfinancial.com.

Company Membership Levels

- REGULAR MEMBERSHIP**
Applies to *all* staff of a Regular company, defined as a company that is involved in the marketing, trading or transacting in the energy markets.
- ASSOCIATE MEMBERSHIP**
Applies to *all* staff of an Associate company, defined as a company that provides energy credit support functions in the industry, such as software, consulting or legal services.

Payment Dues & Method

US\$750 per Company

January 1, 2019 through December 31, 2019

CHECK, payable to:
North American Power Credit Organization

CREDIT CARD (VISA/MC/AMEX)

Name on Card:

Card Number:

Expiration Date: Sec Code:

Signature:

Send Completed Form To:

Address: 813 East Ballard Ave
Colbert, WA 99005
Fax: (240) 238-2616
Email: reisenauer@rmgfinancial.com

Need a Receipt?

Yes, send receipt to the following email/fax: