47th POWER SOURCES CONFERENCE REGISTRATION FORM Wyndham Orlando Resort June 13-15, 2016 EXHIBITOR REGISTRATION

| Last Name | First Name | | | Initial |
|---|-----------------------------|---------|-------------|-------------------------|
| Informal Name for Badge | | | | Rank or Title |
| Company/Gov't Agency/University | | | | |
| Affiliation Address (Street/Avenue) | | | | Mail Stop/P.O. Box/Code |
| City | State | | Postal Code | Country |
| Phone Number | Fax Number | | E-mail | |
| Check one or more , if applicable: | □ Speaker | □ Chair | □ Committee | |
| Conference Registration | □ \$0.00 (one per booth) | | | |
| Staff/Guest Registration | □ \$0.00 (unlimited amount) | | | |

You may call 800-350-0111 or email mgoldfarb@pcm411.com to confirm registration.

Advance Registration Must Be Received By June 3, 2016