



REGISTRATION FORM—ONE FORM PER PERSON * required field

First name* _____
(as you would like it to appear on your name badge)

Title* _____

Address* _____

Phone _____

Last name* _____

Company* _____

City/State/Zip* _____

Email address* _____

If you have any special dietary or accessibility needs, please specify: _____

ABOUT EVENT*

Event title _____

Location _____

Date _____ Cost _____

CANCELLATIONS AND REFUNDS

All cancellations are subject to a \$25 administrative fee. We will refund 50 percent of the registration fee for cancellations received within two weeks of the training. Cancellations made within three business days of the training are nonrefundable. If this program is not held for any reason, our liability is limited to the refund of the program fee.

PHOTO AND VIDEO RIGHTS

Slipstream reserves the right to use photos and audio and video clips taken during the event for promotional purposes.

FORMS OF PAYMENT*

Promotional code (if applicable) _____

Check enclosed (payable to Slipstream)

Visa Mastercard Amex Discover

Credit card # _____

Exp. date ____ / ____ Credit card v-code _____

Your credit card v-code can be found on the back of your card.

Name on card _____

Billing address _____

Signature _____

EB * [first 15 characters of event title] SAN FRANCISCO CA or EVENTBRITE SAN FRANCISCO CA will appear on your credit card statement.

CONTACT US

registration@slipstreaminc.org | 608.210.7114

WHAT IS YOUR AREA OF PROFESSIONAL PRACTICE?*

- Architect Facility operations manager
- Builder Facility energy manager
- Building owner Interior designer
- Consultant Lighting designer
- Contractor Manufacturer
- Developer Planner
- Distributor Property manager
- Educator Researcher
- Energy service provider Student
- Engineer Other (please specify): _____
- Executive _____

HOW DID YOU FIRST LEARN ABOUT THIS EVENT?*

- Email message from Slipstream Search engine
- Employer Slipstream website
- Facebook Trade association
- LinkedIn Twitter
- News article Other (please specify): _____
- _____

WHICH UTILITY SERVICES YOUR BUSINESS/COMPANY?*

(Check all that apply. If your company has multiple locations please answer only for your location.)

- Alliant Energy Wisconsin Public Service Corporation (WPS)
- ComEd WPPI Energy
- Madison Gas & Electric Xcel Energy
- Minnesota Power Other (please specify): _____
- Nicor Gas Superior Water, Light & Power Don't know
- We Energies

WHICH OF THE FOLLOWING CONTRIBUTED TO YOUR DECISION TO ATTEND THIS TRAINING?* (Check all that apply)

- The content met my business needs
- Stay up to date on current trends and/or technologies
- Networking opportunities
- Recommendation or invitation by my utility account manager
- Continuing education credits
- The speaker is a well-known expert
- Recommendation or invitation by my trade ally
- Reduced or complimentary registration
- Other (please specify): _____