

### EXHIBIT BOOTH STAFF REGISTRATION FORM

Please type or print clearly. The contact name is the authorized representative for your company.

Attending       Not Attending      Booth Number: \_\_\_\_\_ Square Feet: \_\_\_\_\_

Primary Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Country: \_\_\_\_\_

\*Phone: \_\_\_\_\_ \*Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

\*Please include country and city code

Per each 100 square feet of exhibit space, exhibitors receive (2) free booth staff registrations, which include access to the exhibit hall during move-in and move-out and exhibit hall hours, the opening keynote session, reception(s) and coffee break(s) on the exhibit hall floor. Each additional booth staff is \$35.00 per person.

#### Exhibit Booth Staff

Name \_\_\_\_\_ Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Country: \_\_\_\_\_

\*Phone: \_\_\_\_\_ \*Fax: \_\_\_\_\_ Email: \_\_\_\_\_

\*Please include country and city code

#### Exhibit Booth Staff

Name \_\_\_\_\_ Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Country: \_\_\_\_\_

\*Phone: \_\_\_\_\_ \*Fax: \_\_\_\_\_ Email: \_\_\_\_\_

\*Please include country and city code

**ADVOCATING**  
**Change**

**COAL-GEN**

Owned & Produced  
by PennWell

Sponsored By:  
PennEnergy. POWER  
Engineering

AUGUST 15-17, 2012 • LOUISVILLE, KENTUCKY | KENTUCKY INTERNATIONAL CONVENTION CENTER

## ADDITIONAL EXHIBIT BOOTH STAFF REGISTRATION FORM

Please type or print clearly. The contact name is the authorized representative for your company.

### Additional Exhibit Booth

**Staff \$35.00**

Name \_\_\_\_\_ Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Country: \_\_\_\_\_

\*Phone: \_\_\_\_\_ \*Fax: \_\_\_\_\_ Email: \_\_\_\_\_

\*Please include country and city code

### Additional Exhibit Booth

**Staff \$35.00**

Name \_\_\_\_\_ Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Country: \_\_\_\_\_

\*Phone: \_\_\_\_\_ \*Fax: \_\_\_\_\_ Email: \_\_\_\_\_

\*Please include country and city code

### GOLF TOURNAMENT

Information coming soon!

### DELEGATE LUNCH TICKET

(Lunch is included in Exhibitor Full Conference Delegate Registrations)

Wednesday \$30.00

Thursday \$30.00

Total Amount Due\$ \_\_\_\_\_

Method of Payment:

Check enclosed (in U.S. funds only)  Wire Transfer (Wire information will be provided on invoice)

Credit Card:  Visa  MasterCard  AMEX  Discover

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Full Name (as it appears on card): \_\_\_\_\_

Card Holder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NEED TO REGISTER ADDITIONAL BOOTH STAFF? Copy this form.**  
**Please Fax Completed Form to +1-918-831-9161 or Toll Free 1-888-299-8057**  
**Email completed forms to [registration@penwell.com](mailto:registration@penwell.com)**