



The Registration Form



Please complete this form and **Fax** (without additional cover sheet) to:
1-704-753-9988
 by **August 22, 2008**.

If paying by check, after faxing form, mail with payment to arrive BY 9/1/08 to:

CTOTF
6224 Howey Bottoms Rd,
Indian Trail, NC 28079-
7529

Checks should be made payable to:

CTOTF
 (Fed Tax ID 56-1950065)

Confirmations will be E-mailed within five business days

Have questions? Contact Wickey Elmo at 1-704-753-5377 or WickElmo@CTOTF.org

By submitting this form you certify that you meet the criteria for CTOTF membership as stated on the website at www.CTOTF.org/OurMembers.htm

| Item | Description | Total \$ |
|--|---------------------|-----------------|
| Early Bird Registration: (By August 22, 2008) | CTOTF Turbine Forum | \$650.00 |
| Registration After 8/22/08 (On-site = +\$200.) | Add \$100.00 | _____ |
| Grand Total \$ (USD) Due: | | _____ |

| | |
|---|--------------|
| Name to put on badge: (Print) | |
| Company: | |
| Address: | |
| City, State, Zip: | |
| Phone: | Cell: |
| Email: | |
| Fax: | |
| <input type="checkbox"/> I will go to Dinner on Sunday <input type="checkbox"/> My Spouse/Significant Other will attend Dinner. Name: _____ | |
| Dietary or Ambulatory Restrictions: | |

I will be attending the following sessions:

- | | |
|--|--|
| <input type="checkbox"/> Opening Plenary Session (Mon. AM) | <input type="checkbox"/> Generator Roundtable (Wed. all day) |
| <input type="checkbox"/> Generic Issues Roundtable (Mon. PM) | <input type="checkbox"/> Legacy Units Roundtable (Wed. AM) |
| <input type="checkbox"/> Siemens Roundtable (Tues. all day) | <input type="checkbox"/> GE Roundtable (Thurs. all day) |
| <input type="checkbox"/> Environmental Roundtable (Tues. AM) | <input type="checkbox"/> FT-8 Users Roundtable (Thurs. all day) |
| <input type="checkbox"/> LM-6000 Roundtable (Tues. PM) | <input type="checkbox"/> 251 Users Group (Wed. & Thurs. all day) |

Note: For credit card purchases your card will be billed on or about 9/1/08 and GOOSE CREEK SYSTEMS, INC. will appear as the payee on your statement.

Method of Payment:

- Check — PREFERRED**
- Purchase Order; Number _____
 (Invoice must be paid prior to conference)
- MasterCard
- Visa

Credit Card # _____ Exp. date _____ CVV Number (last 3 digits on back of card) _____

Name on Credit Card _____

Signature _____

Address where credit card bill is sent (City, State and Zip Code) _____

Amount to Charge: \$ _____ (USD)

Phone number of signer _____

Email of signer _____