

## 2008 Emerging Technologies (ET) Summit

*Presented by the Emerging Technologies Coordinating Council*

**Full Conference Pass (October 26-28, 2008):**

**Sunday, October 26, 2008** - Welcome Reception

**Monday, October 27, 2008** - Breakfast and Lunch Keynotes, Breakouts, Exhibits and Networking Reception

**Tuesday, October 28, 2008** - Breakfast and Lunch Keynotes, Breakouts and Exhibits

**Single Day Pass (October 27 or 28, 2008):**

Breakfast and Lunch Keynotes, Breakouts and Exhibits

*(Welcome and Networking Reception tickets can be purchased separately for Single Day Pass Registrants)*

**REGISTRATION TIMELINE:**

- Mail Registration closes - Oct. 20<sup>th</sup>
- Web or fax registration closes – October 25<sup>th</sup>
- Conference Cancellations Deadline – October 20<sup>th</sup>
- Onsite – October 27<sup>th</sup>/28<sup>th</sup>

**Fax Registration**

Fax: 760.734.6848 (24 hours)

**Mail-In Registration**

2008 ET Summit  
C/O Event Inspirations  
10635 Roselle Street, Ste. A  
San Diego, CA 92121

**Questions?**

800.340.1336  
[info@ETCCConference.com](mailto:info@ETCCConference.com)  
<http://www.ETCCConference.com>

### Attendee Registration Form

**Last Name** \_\_\_\_\_ **First Name** \_\_\_\_\_

**Organization** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State/Province** \_\_\_\_\_ **Zip/Postal Code** \_\_\_\_\_ **Country** \_\_\_\_\_

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

**E-Mail Address:** \_\_\_\_\_

Please complete as part of registration:

**1. Type of Firm/Business (Check only one):**

\_\_\_ Commercial \_\_\_ Institutional \_\_\_ Government \_\_\_ Consulting \_\_\_ Engineering

\_\_\_ Press/Media \_\_\_ Industrial \_\_\_ Construction \_\_\_ Architect \_\_\_ Utility/Energy

\_\_\_ Producer \_\_\_ Manufacturer/Vendor \_\_\_ Financial \_\_\_ Research/Development

Other (please provide): \_\_\_\_\_

**2. Occupation/Title (Check only one):**

\_\_\_ Manager \_\_\_ V.P. \_\_\_ President, CEO \_\_\_ Owner/Developer \_\_\_ Plant Engineer

\_\_\_ Facility Mgr. \_\_\_ Engineer \_\_\_ Consultant \_\_\_ Architect \_\_\_ Educator/Researcher

Other (please provide) \_\_\_\_\_

## Additional Registrants

<b>Attendee Name (2):</b>		
<b>Title:</b>		
<b>Address (if different):</b>		
<b>Phone:</b>	<b>Fax:</b>	<b>Email:</b>
<b>Attendee Name (3):</b>		
<b>Title:</b>		
<b>Address (if different):</b>		
<b>Phone:</b>	<b>Fax:</b>	<b>Email:</b>
<b>Attendee (4):</b>		
<b>Title:</b>		
<b>Address (if different):</b>		
<b>Phone:</b>	<b>Fax:</b>	<b>Email:</b>
<b>Attendee Name (5):</b>		
<b>Title:</b>		
<b>Address (if different):</b>		
<b>Phone:</b>	<b>Fax:</b>	<b>Email:</b>

REGISTRATION TYPE	Full Conference Pass	1 Day Pass	Pass Type (Please check)	Qty	Total:
Regular Rate	\$445	\$300	Full Conference ____ 1 Day 10/27/08 ____ 1 Day 10/28/08 ____		\$ _____
Government/Utility	\$400	\$255	Full Conference ____ 1 Day 10/27/08 ____ 1 Day 10/28/08 ____		\$ _____
Student Rate <b>(Scholarships available. Please call 800-340-1336 for more information.)</b>	\$275		Full Conference ____		\$ _____
Summit Package (Register 4 and get the 5 <sup>th</sup> free)	\$1780	\$1200	Full Conference ____ 1 Day 10/27/08 ____ 1 Day 10/28/08 ____		\$ _____
			10/26 Welcome Reception \$45.00		\$ _____
			10/27/08 Networking Reception \$45.00		\$ _____
				Total	\$ _____

### Payment Information

A credit card number or check must accompany this form. Make checks payable to: 2008 ET Summit.  
U.S. Funds Only.

#### CREDIT CARD INFORMATION

MasterCard     Visa

Card Number

Expiration Date:

Cardholder Name (please print or type)

Cardholder Signature

Credit Card Billing Address

**Once Registration form has been processed, you will receive confirmation via email or mail along with the ETCC Summit Schedule and Breakout Session Choices. You can also visit our website: <http://www.ETCCConference.com> for the latest news and updates on the Summit. Registration must be postmarked by October 20, 2008**