



EBA Rocky Mountain Chapter Energizer: *Energy in the Ski Industry*
March 17, 2016 - 12:00 pm to 1:00 pm (Mountain Time)
Multiple Locations: Salt Lake City, UT; Denver, CO; Billings, MT
Teleconference Participation will be available (audio only)

REGISTRATION INFORMATION

You must pre-register to attend this program. Registration deadline is **March 14, 2016**.

Cancellation Policy: Refunds will be given to registrants who submit written cancellation by sending an email to Michele L. Smith at michele@eba-net.org, less a \$10 administrative fee. Substitutions are acceptable at any time (non-members substituting for members will be charged the difference between the member and non-member fees). Confirmations will be sent to registrants via email if an address is provided.

ONE FORM PER REGISTRANT

LAST NAME FIRST NAME M.I.

FIRM/ COMPANY/ AGENCY

ADDRESS

CITY STATE ZIPCODE

PHONE EMAIL (confirmations and/or materials will be sent to registrant by email)

Registration Fees (Onsite): ☐ \$25 Per Attendee

Please indicate location below.

- ☐ Salt Lake City, UT: Parsons Behle & Latimer 201 South Main Street, Suite 1800
☐ Denver, CO: Holland & Hart LLP, 555 Seventeenth St., Suite 3200
☐ Billings, MT: Holland & Hart LLP, 401 North 31st St., Suite 1500
☐ Helena, MT: State Bar of Montana, 7 West 6th Avenue, Suite 2B

Registration Fees (Teleconference) (Per person):

☐ \$35 EBA Members ☐ \$60 Non-Members

☒ \$65 for EBA [Student members]

☐ I plan to apply for Continuing Legal Education credit in the following states:

STATE _____ BAR#: _____

STATE _____ BAR#: _____

METHOD OF PAYMENT (TAX ID #52-6054231):

___ Check Enclosed (Payable to Energy Bar Association)
___ MASTERCARD ___ VISA ___ AMEX ___ DISCOVER

Card # _____ Expiration Date _____

Card Holder Name (please print or type) _____

Signature _____

MAIL CHECK & REGISTRATION FORM TO:

ENERGYBAR ASSOCIATION

2000 M Street, N.W., Suite 715, Washington, DC 20036.

CREDIT CARD PAYMENTS MAY BE FAXED TO: (202) 833-5596

FOR EBA USE ONLY:

Check Name _____

Check #: _____ Check Date _____

Amount _____ Card Authorization _____

Amount Charged _____ Date Billed _____