



**POWER-GEN<sup>®</sup>**  
**EUROPE**

## Letter of Invitation Application

**Registration to POWER-GEN Europe 2015 Conference & Exhibition and payment are required prior to receiving an invitation letter.\***

**\*Cancellation Policy:** If you are unable to acquire a visa, PennWell will reimburse 100% of your registration fee if the Registration Department is notified BY FAX OR EMAIL by 16/5/2015. After this date, no refunds are available.

**Due to the large volume of requests for letters of invitation, please ensure the information you provide is accurate on this application.**

**Please enter your name exactly as it appears on your passport.**

Male: \_\_\_\_\_ Female: \_\_\_\_\_ Nationality: \_\_\_\_\_

First Name: \_\_\_\_\_ Family Name: \_\_\_\_\_

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

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_

Phone: (+ \_\_\_\_\_) \_\_\_\_\_ Fax: (+ \_\_\_\_\_) \_\_\_\_\_

E-Mail: \_\_\_\_\_

Receipt/Confirmation # \_\_\_\_\_

(This number appears on your registration confirmation. Registration and payment are required prior to receiving an invitation letter.)

**Please indicate whether you are:**

☐ **An Attendee** ☐ **An Exhibitor** ☐ **A Sponsor** ☐ **A Speaker**

### Passport Information

Issuing Country: \_\_\_\_\_

Passport Number: \_\_\_\_\_

Expiration Date (Month/Day/Year): \_\_\_\_\_

Date of Birth (Month/Day/Year): \_\_\_\_\_

**Please submit this form to the Registration Department:**

**By Fax: +1-918-831-9161**

**By Email: [registration@pennwell.com](mailto:registration@pennwell.com)**