

Registration Form

CTI 2010 Annual Conference

February 7-11, 2010

Complete and send this form to: Cooling Technology Institute, PO Box 73383, Houston, Texas 77273

Pre-Registration Deadline: January 29, 2010

Please type or print clearly all information.
A separate form must be completed for each registrant. Photocopies of this form may be used.

1. Registration Information:

I was invited to the conference by: _____
(If applicable give name of the person and their company responsible for your attendance)

I became aware of the conference after seeing (please check one): _____ Newsletter _____ Website

First-time Attendee: _____

Last Name: _____ First Name: _____

Company: _____ Address: _____

City/State/Province: _____ Zip or Postal Code/Country: _____

Phone (Country Code/Area/Number) _____ Fax (Country Code/Area/Number) _____

Email: _____

*(*E-mail addresses are used for communicating conference updates, session pre-work and to send any other pertinent information.)*

Badge Information - First Name or Nickname *(as you wish it to appear on your badge)* _____

Spouse's Name **Only** if they accompany you to the Conference: _____

PDH Credits available - Please ask at the registration table!

2. Special Needs:

Dietary: _____ Vegetarian

Physical: _____ Please check here if you require special accommodations to participate and email a description of your needs by January 31, 2009 to vmanser@cti.org. We cannot guarantee we can accommodate your request but will do our best.

3. In Case of an Emergency During Conference, Please Contact:

Name (Please print clearly): _____

Daytime Phone: _____

Evening Phone: _____

4a. Registration Fees: (Full-conference or one-day registrants)

Check Appropriate Category:	Early Rate by: January 29, 2010	Conference Rate After: January 29, 2010
_____ CTI Member <i>(Includes technical sessions Monday, Tuesday & Wednesday)</i>	\$695	\$795
_____ Non-Member <i>(Includes technical sessions Monday, Tuesday & Wednesday)</i>	\$795	\$895
_____ One day Mon Tues Wed (circle one)	\$500	\$500
_____ Exhibit Hall Pass Only	\$35	\$35
_____ Speaker (one for each paper only)	N/C	N/C
_____ Press (one attendee per company only)	N/C	N/C
_____ Honorary Life Member	N/C	N/C

4b. Conference Events / Other Fees: (Full-conference or one-day registrants)

Check Appropriate Category:

Conference Rate:

Additional luncheon ticket(s), Monday, Feb 9, 2009 (for spouse/guest)	\$30
Monday Karaoke Dinner (Monday, February 9, 2009)	\$70
Set of Papers - Hard Copies	\$125
Mailing for papers sent to Mexico and/or Canada	\$10*
Mailing for papers sent to all other countries	\$15*
Set of Papers - CD (w/PDF file of each paper) Available after conference	\$125

**This cost is for those attendees who purchase a set of the Technical Papers presented and wish to have them mailed. For those attendees in the US there is no additional mailing charge.*

Total Amount Due US\$ _____

4c. Conference Events (Full-conference or one-day registrants)

- _____ I will attend the **Water Treating Panel Discussion** on Monday afternoon
- _____ I will attend the **New Member Breakfast** on Tuesday morning
- _____ I will attend the **Owner/Operator Seminar** on Tuesday noon
- _____ I will attend the **Ask-The-Expert Seminar** on Tuesday afternoon
- _____ I will attend the **Educational Seminar** on Wednesday morning

5. Payment (Please check one)

Enclosed is Check# _____ in the amount of US\$_____ (Please write the registrant's name on the check)

Credit Card: Please Charge US\$ _____ to the following credit card.

[] Visa [] MasterCard or [] AMEX

Card# _____

Exp. Date _____

CVC Code: _____

Cardholder's Name: _____

Cardholder's Signature: _____

There will be a 15% charge on any credit card refund made – no exceptions!