# REGULAR REGISTRATION FORM

**Fax this form to: 703-709-7007**

Loews Ventana Canyon Resort

*Use a separate form for each registrant from the company. Photocopies of this form are acceptable.*

Full Name:_____

Title:_____

Nickname for Badge:_____

Company:_____

Address:_____

City, State, Zip:_____

Phone:_____ Fax:_____

E-Mail:_____

Attending Spouse/Guest Name:_____

Spouse/Guest Nickname for Badge:_____Spouse Email_____

Home Address:_____

Home City, State, Zip:_____

Short Company Name for Badge (Maximum 15 Characters):|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|

## REGISTRATION FEES

| | | Regular Rates (2/10-3/19/10) | Late Rates (After 3/19/10) | Amount Due |
|---|---|---|---|---|
| Member | | $669 | $ 719 | _____ |
| Prospective Member | | $765 | $ 815 | _____ |
| Spouse/Guest | | $270 | $ 280 | _____ |
| Non-Fuel Supplier | See separate Non-Fuel Supplier Registration Form | | | |
| | | **TOTAL AMOUNT DUE** | | _____ |

□ Check Enclosed □ Credit Card (Visa, MasterCard, or American Express only)

Card#: |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__| 4-Digit Security code: |__|__|__|__|

Signature:_____ Exp Date:_____

**SPECIAL SERVICES:** ☐ Check here if you or your spouse/guest requires special accommodations to fully participate. Please attach a written description of needs.

**CANCELLATION POLICY:** Registrations canceled in writing: Before January 31,2010 - Full Refund. Between February 1 – March 5, 2010 - Partial Refund. After March 5, 2010 - No Refund.

I understand that $10 of my meeting registration fee, which cannot be deducted from the total, covers my dues as a SIGMA Booster.
Signature: _____ Date: _____

**RETURN THIS FORM TO : SIGMA, 3930 Pender Dr. #340, Fairfax, VA 22030**
**Phone: 703-709-7000; Fax: 703-709-7007**

**SAVE A COPY FOR YOUR RECORDS!**

## 2010 SIGMA SPRING CONVENTION, LOEWS VENTANA CANYON RESORT TUCSON, AZ – APRIL 29–MAY 2, 2010