



## 2020 CETAC System Operator Conference Credit Card Authorization for Non-Member Group Registration

### Conference Location:

Sunrise Event Center  
620 Orange Drive, Vacaville, CA 95688

Name: \_\_\_\_\_

Company: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ FAX Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

NERC Certification #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

As representative of the above listed company, I submit this payment information for our company's group enrollment of participants to attend the 2020 CETAC System Operator Conference. I understand that the amount listed below will be charged to the credit card listed here and that a receipt of payment will be provided to me.

**CETAC Member Registration Fee:** \$1,000.00 per person

### **Cancellation Policy:**

Refunds will only be provided if cancellation is made at least 4 weeks prior to the first day of the CETAC training

**Total Number of Attendees:** \_\_\_\_\_

### **Late Registration or Changing Start Date:**

Any change within 4 weeks of the registered start date will incur a \$250 fee and will be accepted at the discretion of the CETAC Chair

**Total Registration Fee:** \_\_\_\_\_

### **Payment Information:**

Type of Credit Card: VISA MasterCard AMEX Discover Diners Club

Name on the Card: \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ V Code: \_\_\_\_\_

Signature: \_\_\_\_\_ ☐ If sending this form electronically, click this box to indicate that this purchase is approved by the authorized signer of this credit card.

### **Registration Contact Information:**

Please email or fax this registration form:

**Email:** registration@oesna.com

**FAX#:** 407-381-2243

Please call 407-381-2223 for more information or with any question.