Enforcers and Defenders Forum
Wednesday, June 12, 2019 – 2:00pm to 5:00pm (ET)
Location: George Washington Law School
2000 H St., N.W., Washington, DC
Participation is on-site only for this event.

REGISTRATION INFORMATION

You must pre-register to attend this program. Registration deadline is June 11, 2019.

Cancellation Policy: Refunds will be given to registrants who submit written cancellation by sending an email to Kristyn Walecka at kwalecka@eba-net.org or by mailing the cancellation request to the Energy Bar Association, 2000 M Street, N.W., Suite 715, Washington DC 20036 by June 3, 2019, 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 (Per person):

This event is <u>not</u> open to Press/Media.

- ❑ $75 EBA Members [Private]
- ❑ $95 Non-Members [Private]
- ❑ $60 EBA Members [Government/Academic]
- ❑ $65 Non-Members [Government/Academic]
- ❑ $0 Students [There will be no charge for EBA Student members.]
- ❑ $20 Students [Non-Members]

☐ I plan to apply for Continuing Legal Education credit in the following states (CLE pending):

STATE_____ BAR#:_____

STATE_____ BAR#:_____

<u>METHOD OF PAYMENT</u> (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:
ENERGY BAR 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_____