Please complete a separate form for each applicant. Photocopies of this form may be used.

AEE SEMINAR REGISTRATION FORM

Join AEE and take the member rate on your seminar registration!

☐ Mr.
☐ Ms.
NAME

JOB TITLE

ORGANIZATION NAME

STREET ADDRESS

CITY, STATE, ZIP

PHONE FAX

EMAIL ADDRESS

BILLING ADDRESS (if different from maiing address)

BILLING CITY, STATE, ZIP

Indicate your fee status:
☐ Nonmember
☐ Government/Nonprofit
☐ AEE Member (Member Number: _____)
☐ AEE member application and fee enclosed.

FEES: Complete appropriate fee and payment information:
Course fees are listed at bottom of catalog page describing each seminar. Additional information on team and member discounts can be found in the "REGISTRATION FEES & DISCOUNTS" section on page 46.

Seminar Registration Fees..... $ _____

AEE Membership: $195 per applicant..... $ _____

TOTAL ENCLOSED..... $ _____

Select method of payment:
☐ **CHECK ENCLOSED** (Payable in U.S. funds to AEE ENERGY SEMINARS)
☐ **CHARGE TO MY CREDIT CARD** (for advance registrations only)
☐ American Express ☐ VISA ☐ MasterCard ☐ Discover

CARD NO.

Expiration Date

Signature

AEE MEMBERSHIP APPLICATION (optional)

I wish to become a member of the ASSOCIATION OF ENERGY ENGINEERS in the classification checked:

☐ **MEMBER** – A graduate of an engineering college or university or a registered professional engineer or architect. (Persons who feel they are qualified by experience or related degree may petition for full membership consideration.)

☐ **AFFILIATE MEMBER** – A person interested in the objectives of the Association who does not meet the above criteria for full membership.

If you are a registered Professional Engineer or Architect, please indicate state(s) and registration number(s):

State _____ No. _____ State _____ No. _____

Years of experience in energy field: _____ years

College _____ Degree _____ Year _____

Additional pertinent information may be listed on separate sheet and attached.

I certify that the statements made in this application are correct and I agree, if elected, that I will be governed by the Constitution and Bylaws of the Association as long as I continue as a member. I furthermore agree to promote the purposes of the Association so far as shall be in my power.

(Applicant's Signature) (Date)

SEMINAR REGISTRATION: Live Seminars — List course(s), location(s), date(s)
Online/Self-study Seminars — List course(s), start date(s)

Seminar Title _____ Location _____ Date _____

Seminar Title _____ Location _____ Date _____

Complete if you are a licensed P.E. or Registered Architect:
☐ Licensed P.E. ☐ Registered Architect State(s) _____ License No(s) _____

TO SEND BY MAIL —
Detach and return to:

AEE ENERGY SEMINARS
P.O. Box 1026
Dept. WPDF
Lilburn, GA 30048

TO SEND BY FAX —
If you are paying by credit card, you may transmit a copy of this completed form to:

(770) 381-9865

(Please photocopy on "light" setting to assure readability of FAX.)