

2005 JEC Registration Form

November 1-5, 2005 Red Lion Colonial Hotel ~ Helena, Montana

2005
Joint
Engineers
Conference

Registrant Information

Name _____

Firm _____

Address _____

City/State/Zip _____

Daytime Phone _____ Email _____

Membership in Sponsor Organizations* (Check ALL that apply)

*Conference profits will be split among the sponsor organizations based on reported membership.

ACEC ASCE ASHRAE IEEE ITE
 ITS RM ICC MECA MSE SAME SEAMT

Seminar Preferences

Please fill in the number of the seminar you plan to attend.

A _____ B _____ C _____ D _____ E _____ F _____ G _____

_____ I plan to attend the National Electrical Safety Code (NESCC) Pre-Conference on November 1 & 2.

_____ I plan to attend the NSPE Western & Pacific Region Meeting on November 5.

Montana Professional Engineers' Hall of Fame Banquet

_____ I plan to attend the Friday night social hour and banquet. (\$20.00 per person)

Meal Preference _____ New York Steak _____ Halibut
Guest Meal Preference _____ New York Steak _____ Halibut

Registration Fees & Payment Information

(Includes continuing education sessions, continental breakfasts, and vendor lunches and reception.)

_____ **NESCC Pre-Conference - Nov. 1-3** (Includes entrance to regular conference November 3 & 4.)

_____ \$750.00 (Sponsor Member) _____ \$800.00 (Non-Member)

_____ **NSPE Western & Pacific Region Meeting - Nov. 5** (Does NOT include entrance to regular conference.)

_____ \$50.00 Please register below for regular conference.)

_____ **One-Day Registration** _____ Thursday, Nov. 3 Only _____ Friday, Nov. 4 Only

_____ \$125.00 (Sponsor Member) _____ \$175.00 (Non-Member)

_____ **Two-Day Registration - Nov. 3-4**

_____ \$175.00 (Sponsor Member) _____ \$225.00 (Non-Member)

_____ **Student Registration** \$25.00

_____ **Late Fee** (Registrations postmarked or faxed after October 21) \$25.00

_____ **P. E. Hall of Fame Banquet Tickets** _____ x \$20.00 each = \$ _____

Total Fees \$ _____

_____ Check or Money Order Enclosed (Payable to MSU)

_____ Master Card/Visa/Discover Card

Card # _____ / _____ Exp.

_____ PO # _____

Company _____

Billing Address/City/State/Zip _____

_____ Participant's name, address, phone number and email address will be shared with other participants and vendors.
Please check here if you DO NOT want your information shared.

Return this form to:



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