

SoPAE

Conference '06

c/o Copper Mountain College
P.O. Box 1398
Joshua Tree, California
92252

SUMMIT • ON PRACTICAL ALTERNATIVE ENERGY

Thank you for your interest in our Summit on Practical Alternative Energy (SoPAE). Scroll down and you will find a Registration Form for the Conference, which is scheduled for Friday, October 6th. Please print the form, provide the information requested and send it to **SoPAE Conference** c/o the address shown above - Attn: Ms. Kindred Murillo.

Understand that seating at the Conference is limited and reservations will be accepted on a first come, first served basis. Your early registration will prove to be important.

Dr. Thom Armstrong, President
Copper Mountain College
Joshua Tree, California

Mr. Cary Harwin, President
Basin Wide Foundation
Yucca Valley, California

Mr. Curt Sauer, Superintendent
Joshua Tree National Park
Twentynine Palms, California

First Annual Southern California
SUMMIT on PRACTICAL ALTERNATIVE ENERGY
REGISTRATION FORM

My name is (please print) _____

Firm name _____

Address Street or P.O. Box _____ Suite # _____

City _____ State _____ Zip + 4 _____

Business Phone # (_____) _____ e-mail _____

WAIVER: I hereby release and discharge the Basin Wide Foundation, Copper Mountain College, Joshua Tree National Park and all businesses, agencies and other sponsoring companies from responsibility for any injuries or damages I may suffer as a result of my participation in the SoPAE Conference. Additionally, I permit the use of my name and photos in electronic broadcasts, telecasts, newspaper and brochures, etc.

Remittance Information

Enclosed is my Registration Fee in the amount of \$78.00

(Make remittance payable to: **SoPAE**)

I understand that my Registration fee entitles me to attend the Conference, all meals, a copy of the Post Conference Information Package and a commemorative T-shirt.

PAYMENT METHOD Please check one:

- Cashiers Check or Money Order (enclosed) Personal Check (enclosed)
 Master Card Visa Discover American Express

Cardholder's name _____

Card Number _____ - _____ - _____ - _____

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Cardholder's signature _____