ADVANCE REGISTRATION FORM

SPE/ICoTA Coiled Tubing and Well Intervention Conference and Exhibition

23–24 March 2010 • The Woodlands, Texas, USA

Advance Registration Form

Print your name as you want it to appear on your meeting badge.

Deadline to Mail/Fax Form
9 March 2010
To Receive Discounted Rate.

10CTWI

PARTICIPANT PROFILE

PHOTO ID REQUIRED: To ensure a secure conference, photo ID (passport or drivers license) will be required to pick up your conference materials.

Registrant's Last Name (Family Name)	Registrant's First Name (Forename)
Spouse's Last Name (if attending) (Additional Fee Applies)	Spouse's First Name
Company Name	Company Job Title or Position
What is your primary business? Please be specific. (i.e. Drilling Bits)	Member Number
Street Address or PO Box ❑ Check here if you DO NOT wish to receive updates via mail	
City	State/Province
Country	Zip/Postal Code
Email ❑ Check here if you DO NOT wish to receive updates via email	
Office Telephone (include country/area/city code)	Facsimile (include country/area/city code)
Emergency Contact Name	Emergency Contact Telephone (Include country/area/city code)

❑ Check here if you need special assistance to fully participate.
❑ Check here if you have special dietary needs and list requirements:

QTY	FEE PER PERSON All fees in US Dollars REGISTER EARLY AND SAVE By 9 March	After 9 March	COST	REGISTRATION * Registration fees include admittance to the Monday Opening Reception, Technical Sessions, Exhibition, Coffee Breaks, Tuesday Expo Reception, Wednesday Keynote Luncheon, and one copy of the CD *Proceedings*. ** Includes one day's activities, and one copy of the CD *Proceedings*. Does not include Wednesday Keynote Luncheon.
	425	575		* SPE/ICoTA Member
	575	675		* Nonmember
	350	350		* Presenting Author
	325	325		** One-Day Member ❑ Tuesday ❑ Wednesday
	425	425		** One-Day Nonmember ❑ Tuesday ❑ Wednesday
	250	250		** One-Day Presenting Author ❑ Tuesday ❑ Wednesday
	100	100		One-Day Exhibits only ❑ Tuesday ❑ Wednesday
	60	60		Spouse (Does not include Proceedings or Keynote Luncheon)
	30	30		Student (With valid college I.D., does not include *Proceedings* or Keynote Luncheon)
	30	30		Additional Monday Opening Reception ticket
	45	45		Additional Keynote Luncheon ticket
	65	65		Additional CD *Proceedings* SPE/ICoTA Member
	75	75		Additional CD *Proceedings* Nonmember
Short Course (Monday) ***Not included in Conference Registration Fee.				
	550	625		*** Short Course, SPE/ICoTA—Coiled Tubing and Its Applications
	650	725		*** Short Course, Nonmember—Coiled Tubing and Its Applications
TOTAL USD				

Wire Transfer:
If you wish to make payment by wire transfer, email service@spe.org and reference the **2010 SPE/ICoTA Coiled Tubing and Well Intervention Conference and Exhibition**. Please have your bank include your name and credit 2010 CTWI Registration.

Deadline: 15 March 2010

Cancellation Policy:
Cancellations must be received in writing prior to 9 March 2010 for you to receive a full refund. No refunds offered after 9 March. Email cancellation requests to registration@spe.org, fax to +1.866.460.3032 (US) or +972.852.9292 (outside US), or mail to SPE P.O. Box 833836, Richardson, TX 75083

Badge Mailing Information:
Domestic attendee badges and any purchased tickets will be mailed prior to the conference if registration is processed on or before **22 February**. Registrations received after **22 February** and all international attendee registrations will be held for pickup on-site.

ONLINE	www.spe.org/events/ctwi
FAX	US: +1.866.460.3032 Outside US: +1.972.852.9292 (Faxes accepted until ?????? with credit card payment only. If faxed, do NOT mail original)
MAIL	SPE 222 Palisades Creek Dr. Richardson, TX 75080
TEL	+1.972.952.9393 Questions ONLY
EMAIL	registration@spe.org

PAYMENT OPTIONS All Prices Listed in US Dollars

Advance Registration requires payment. Forms received without payment will not be processed.

❑ Payment Enclosed (Make checks payable to: **SPE (Funds must be drawn on a US dollars bank)**

❑ American Express ❑ MasterCard ❑ Diners Club ❑ Visa (Discover not accepted)

Card number

Exp. date (mm/yy)

Name as it appears on card

Total Amount

Billing address of card

Zip/Postal code of card