



# 2012 National Issues Conference

Capitol Hilton Washington, D.C.

Wednesday – Friday, May 2-4, 2012



## Attendee Information

Name \_\_\_\_\_ Badge Name \_\_\_\_\_  
 Spouse/Guest \_\_\_\_\_ Badge Name \_\_\_\_\_  
 Company Name \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Registrant's E-mail \_\_\_\_\_ Work Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 Registered Voting City and ZIP Code \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 (For Congressional Appointments) (For Congressional Appointments)

## Registration Fees - Spouse registration required only if spouse is attending sessions

*Receive an immediate \$100 registration discount when making hotel reservations through ICE.*

|                                                                                                                                           |       |    |
|-------------------------------------------------------------------------------------------------------------------------------------------|-------|----|
| Room Block Discount Registration<br>(Please note the \$475 registration fee includes the Monday afternoon session, reception and dinner.) | \$475 | \$ |
| Standard Member Registration                                                                                                              | \$575 | \$ |
| <b>Total</b>                                                                                                                              |       | \$ |

### ICE's Registration Cancellation & Refund Policy

If it becomes necessary to cancel your participation in the conference, please send written notification to ICE. You will receive a full registration refund if you cancel by April 17, 2012, other refunds will be handled on a case by case basis. Substitutions are always accepted.

### Hotel Cancellation & Refund Policy:

Upon ICE's receipt of your cancellation, ICE will forward the notification to the hotel. Please note that reservations must be cancelled prior to 11:59 p.m. – 72 hours prior to your arrival. You will be charged one night room and tax if you do not cancel prior to 11:59 p.m. – 72 hours prior to your arrival

Credit Card Number \_\_\_\_\_ Expiration \_\_\_\_\_  
 Cardholder Name \_\_\_\_\_ Billing Zip Code \_\_\_\_\_  
 Signature \_\_\_\_\_

## Capitol Hill Appointments - No appointments to be made before 1:30 p.m., May 3

QCA will arrange appointments with your Members of Congress and will forward your information so you can follow-up to encourage Member of Congress attendance at your meeting.

My Spouse will attend the appointments.  I plan to attend the Hill Energy Forum @ 2 p.m., May 3  
 Please indicate below with whom you would like your appointments made. Otherwise, we will make them with your Senators and Representative based on **HOME** address

Please note: Your Capitol Hill appointments will be scheduled: Thursday, May 3, 1:30 p.m.-5:00 p.m. and Friday, May 4, 10:30 a.m.-12 noon. If these times are inconvenient, please indicate when you would like the appointments made:

## Hotel Registration

Reservation Deadline: March 26, 2012

| Room Type     | Single/Double Occupancy |
|---------------|-------------------------|
| Standard Room | \$279                   |

Hilton rewards # \_\_\_\_\_

Rooms are limited and are assigned on a "first come" basis. All rates are subject to current local taxes of 14.5%.

Arrival Date \_\_\_\_\_ Departure Date \_\_\_\_\_ Total Number of People in Room \_\_\_\_\_  
 Do you have any special hotel requirements? \_\_\_\_\_

Please contact Laina Aquiline at (202) 390-3247 if you require special accommodations to fully participate in this event.

## Payment Options - (Credit card only for hotel reservation)

AMEX  MC  VISA Credit Card Number \_\_\_\_\_  
 Expiration \_\_\_\_\_ Cardholder Name \_\_\_\_\_ Billing Zip Code \_\_\_\_\_  
 Signature \_\_\_\_\_

|                     |                 |             |
|---------------------|-----------------|-------------|
| For SMACNA use only | BATCH NO. _____ | DATE: _____ |
|                     | I.D. NO. _____  |             |
|                     | AUTH. NO. _____ |             |

**Registration Made Easy:** If you have questions, please contact Laina Aquiline: • By phone: (202) 390-3247 • By e-mail: laquiline@icebac.org • By mail: ICE, P.O. Box 21462, Washington, DC 20009