

SBSE 2003 Retreat Registration Form

Monday, August 11 – Friday, August 15, 2003

Registration deadline: May 30, 2003

For more retreat information, visit <http://www.sbse.org/retreat2003>

Name: _____

Title: _____

Affiliation: _____

Address 1: _____

Address 2: _____

City, State, Zip _____

Telephone: _____

Fax: _____

Email: _____

Vegetarian/Vegan dishes are available. Do you or your guest(s) have any special dietary needs?

If so, please note here. _____

Others who will room with you. Please include names:

REGISTRATION & RESERVATION DEADLINE: May 30, 2003. Please register now! Your early commitment will assure maximum participation. If you are bringing your spouse or significant other (guest) and will be sharing a bed, the cost is the same; if your guest(s) will require her/his own bed, the cost is the same.

PARTICIPANT REGISTRATION:

SBSE Members (\$350) Qty: _____ x \$350 = _____

(Includes 3 meals/day/4 days; 4 nights in a double occupancy room; bus trip/tour/banquet in Columbus)

* SBSE dues (\$25 for regular member) Qty: _____ x \$ 25 = _____

* SBSE dues (\$15 for student member) Qty: _____ x \$ 15 = _____

SBSE Scholarship Recipients (\$25) Qty: _____ x \$ 25 = _____

(Includes, 3 meals/day/4 days; 4 nights in a double occupancy room; bus trip/tour/banquet in Columbus)

* SBSE dues (\$15 for student member) Qty: _____ x \$ 15 = _____

Guests (\$70/night) Qty: _____ x # nights: _____ x \$ 70 = _____

(Includes 3 meals/day; please indicate which night(s) guest(s) will be staying)

Monday Tuesday Wednesday Thursday

Wednesday bus trip/tour/banquet in Columbus (\$70) Qty: _____ x \$ 70 = _____

First registered/first served; guest space is limited.

Total \$ _____

* You must be current on your membership dues to register for the retreat. If you have already paid through June 2003, leave this field blank. To see if SBSE has processed your dues, please visit www.sbse.org/membership/paid_members.htm. Guests do not need to be members.

If paying by credit card, please provide the following information:

Credit Card type: Visa MasterCard
Name on Card _____
Card Number _____ Exp. Date _____
Signature _____
(mm/yy)

Return this form, along with payment, to:

Melisa Callahan
Center for Energy Research/Education/Service
Ball State University – AB 018
Muncie, IN 47306-0170
Phone: 765.285.1135 Fax: 765.285.5622
e-mail: mcallahan@bsu.edu

If paying by check, please make check payable to Ball State University.

Transportation

Renting a car? Yes No
Need a ride **to Morgantown from airport*** on August 11? Yes No

(*The airport that serves Morgantown is Indianapolis International.)

If so, we need to know:

Time of scheduled arrival _____
Airline _____
Flight number _____

Need a ride **to airport from Morgantown** on August 15? Yes No

If so, we need to know:

Time of scheduled departure _____
Airline _____
Flight number _____

Traveling with other Retreat attendees? Yes No

If so, please include names: _____

Questions?

If you have questions about registration and/or logistics issues, please contact:

Robert Koester: Center for Energy Research/Education/Service
Ball State University
Muncie, IN 47306-0170
765.285.1135
rkoester@bsu.edu

If you have questions about retreat content issues, please contact:

Leonard Bachman: University of Houston
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Houston, Texas 77204-4431
713.743.2372
Lbachman@uh.edu