

# PTI Attendee Registration Form

## PTI Committee Days • September 26-28, 2018

September 26-28, 2018 • The Antlers Colorado Springs • Colorado Springs, CO

First Name

Last Name

Address

City  State

Province  Zip Code

Country

Company/Affiliation

E-mail address

Phone  Fax

### Registration Information

Early registration rates are available until **9/3/2018**.

Payment must be made at time of registration.

*All attendees must be registered to attend PTI Committee Days. Please register prior to arrival.*

### Cancellation Policy

You may cancel your registration through Monday, September 24th, and receive a full refund. NO REFUND will be given after September 24th.

| Committee meetings                                 | Registration fee |                      | No. attending | Total, U.S. \$ |
|--|------------------|----------------------|---------------|----------------|
| Board member registration                          | FREE             |                      |               |                |
| Early registration, if paid by 9/3/18              | \$50             |                      |               |                |
| Registration, if paid after 9/3/18                 | \$75             |                      |               |                |
| Special events                                     | Board member     | PTI member/<br>Guest |               |                |
| Board of Directors Reception, 9/27/18              | FREE             | \$85                 |               |                |
| Board of Directors Reception<br>Guest/Spouse _____ | FREE             | \$85                 |               |                |
| Board of Directors Meeting, 9/28/18                | FREE             | \$125                |               |                |
| Board of Directors Luncheon<br>Guest/Spouse _____  | FREE             | \$35                 |               |                |

Please check box if you have special needs. PTI is in compliance with the Americans with Disabilities Act. Describe disability special needs, including dietary:

Total, U.S. \$

Note: Form will not automatically total

### Method of Payment

Payable by 1) U.S. check drawn on U.S. bank; 2) major credit card; or 3) wire transfer in U.S. funds to: Chase Bank, Acct. # 790486724, Routing # 072000326, Swift code: CHASUS33.

To confirm wire transfers, please call (248) 848-3180 or e-mail: Michelle.Stern@post-tensioning.org

Please bill my credit card (check one):

Visa  Mastercard  Discover  American Express

Account number

Expiration date  CVS code

Billing Address

Check enclosed (please make check payable to PTI in U.S. funds drawn on a U.S. bank)

### E-mail, fax, or mail form to:

Post-Tensioning Institute  
Attn: Member Services  
38800 Country Club Drive  
Farmington Hills, MI 48331  
Fax: (248) 848-3181  
E-mail: Michelle.Stern@post-tensioning.org

If you have any questions, please call the  
Member Services Department  
(248) 848-3180