



ENERGY RESEARCH

a sustained effort

Kentucky Energy Summit
Lexington Center - Bluegrass Ballroom
430 West Vine St., Lexington, KY

October 11, 2007

REGISTRATION FORM

Dr. _____ Mr. _____ Ms. _____

Name: _____

Position Title: _____

Company/Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Registration Fee: \$30.00 includes lunch

Check enclosed in the amount of \$ _____ Remit check payable to: University of Kentucky

Please charge \$ _____ to my credit card:

Visa: _____ MasterCard: _____ Discover: _____ American Express: _____

Cardholder's Name: _____ Signature: _____

Credit Card #: _____ Expiration Date: _____

Credit Card Security Code # _____ (required 3-digit number on back of card)

Please return completed form and payment to:

Teresa Epperson
University of Kentucky, Center for Applied Energy Research
2540 Research Park Drive, Lexington, KY 40511
Phone: (859) 257-0200 Fax: (859) 257-0220
Email: register@caer.uky.edu