

COMPLIMENTARY EXPO PASS

FREE Exhibit Hall Admission - \$55 value

**Connecting Electric Professionals with
Powerful Ideas**



electric **west**
With **Power** **Quality** **2010**

Professional Advancement Courses: March 15
Conference: March 15 - 18
Exhibit Hall: March 16 - 18

www.electricshow.com

In today's economy it's never been more critical to stay current, and there's never been a better time to be a part of **Electric West**.

- Gain the ideas and technical skills to grow your business in lean times
- Exhibitors showcasing the full spectrum of products & services
- Enhanced Renewable Energies Focus

Exhibit Hall Hours

Tuesday, March 16	11AM - 5PM
Wednesday, March 17	10AM - 5PM
Thursday, March 18.....	10AM - 1PM

Compliments of:

EC&M

Produced by:



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Exhibit Hall: March 16-18 • Las Vegas Convention Center • Las Vegas, NV
Professional Advancement Courses: March 15 • Conference: March 15-18, 2010

FREE (\$55 VALUE)

Free Admission to the Exhibit Hall with This Pass

Conference requires separate registration form: Visit www.electricshow.com

Four Ways to Register:

1. Online: www.electricshow.com
2. Fax: 508-759-4552
3. Phone: 800-927-5007 or 508-743-0105
4. Mail: Electric West
c/o CDS
107 Waterhouse Rd.
Bourne, MA 02532

NO ONE UNDER 18 ADMITTED.

1. General Information

All badges will be picked up onsite. Please complete the information below. (Photocopy form for additional registrants.)

FIRST NAME	LAST NAME		
TITLE	COMPANY		
STREET ADDRESS			
CITY	STATE	ZIP/POSTAL CODE	COUNTRY (OUTSIDE THE U.S.)
TELEPHONE	FAX		
CELL PHONE*			
EMAIL**			

* By providing my cell number, I am giving the Electric West Show and its exhibitors/sponsors permission to contact me via cell or text regarding registration, emergency situations, updates and promotional materials.

**By providing my email address, I grant Penton Media permission to contact me via email regarding my Electric West registration, event updates, and promotions from Electric West Exhibitors and associated Penton Media publications

 Please contact me about special needs.

Customer Code: ECMWEB

2. Your Profile Please complete the information below.

1. Your Title or Job Function (Check ONE only)

- | | | |
|--|---|--|
| A <input type="checkbox"/> Electrical Engineer | I <input type="checkbox"/> Plant Engineer/Other Plant Personnel | R <input type="checkbox"/> Sales/Marketing |
| B <input type="checkbox"/> Chief Electrician | J <input type="checkbox"/> President, Owner, Partner, Officer | S <input type="checkbox"/> Manufacturer's Rep. |
| C <input type="checkbox"/> Electrician | L <input type="checkbox"/> Design Engineer | T <input type="checkbox"/> Purchasing |
| D <input type="checkbox"/> Electrical Contractor | M <input type="checkbox"/> Sales Engineer | U <input type="checkbox"/> Other _____ |
| E <input type="checkbox"/> Estimator | N <input type="checkbox"/> Electrical Supervisor | |
| F <input type="checkbox"/> Project Director | O <input type="checkbox"/> Maintenance Engineer | |
| G <input type="checkbox"/> Facilities Manager | P <input type="checkbox"/> Cable Installer | |
| H <input type="checkbox"/> Electrical Inspector | Q <input type="checkbox"/> Network Installer | |

2. Your Industry Group (Check ONE only)

- | | | |
|---|---|--|
| A <input type="checkbox"/> Contracting | F <input type="checkbox"/> Transportation | L <input type="checkbox"/> Manufacturer's Agent |
| B <input type="checkbox"/> Electric Utility | G <input type="checkbox"/> Manufacturing | M <input type="checkbox"/> Wholesaling |
| C <input type="checkbox"/> Consulting/Architectural
Engineering Firm | H <input type="checkbox"/> Institutional | N <input type="checkbox"/> Banking/Finance |
| D <input type="checkbox"/> Healthcare Facility | I <input type="checkbox"/> Government | O <input type="checkbox"/> ESCO (Energy Service Company) |
| E <input type="checkbox"/> Commercial Building | J <input type="checkbox"/> Data/Telecom | P <input type="checkbox"/> Other _____ |
| | K <input type="checkbox"/> Repair & Service | |

3. Purchasing Influence (Check ONE only)

- A Final Say B Recommend
C Specify D Other _____

4. Company's Estimated Annual Electrical Equipment/Services Expenditures – That You Influence (Check ONE only)

- | | |
|--|--|
| A <input type="checkbox"/> Less than \$249,999 | D <input type="checkbox"/> \$1,000,000 - \$1,999,999 |
| B <input type="checkbox"/> \$250,000 - \$499,999 | E <input type="checkbox"/> \$2,000,000 - \$4,999,999 |
| C <input type="checkbox"/> \$500,000 - \$999,999 | F <input type="checkbox"/> \$5,000,000 or more |

5. Do you wish to Receive/Continue to Receive EC&M FREE?

- A Yes B No
- _____
(Signature required) _____
Date

6. How would you like to receive your copy of EC&M?

- A Digital B Print