



## 2016 Spring Executive Summit & Board Meeting

March 16-18, 2016 – San Antonio, TX

### Wednesday, March 16 (Golf & Evening Reception)

- I will attend Golf (\$125)
- I will attend Golf (\$125 Fee + \$65 Club Rental)
- I will attend Evening Reception
- I will attend Evening Reception w/ Guest

### Thursday, March 17 (Guest Program & Evening Dinner)

Guest Tour  
Dinner & Entertainment

- My guest will attend Tour
- I will attend Evening Reception
- I will attend Evening Reception w/ Guest

### Friday, March 18 (Breakfast & General Session)

- I will attend Breakfast
- I will attend Breakfast w/ Guest
- I will attend General Sessions (adjourn at 11:30am)

### Hotel Contessa

306 West Market Street  
San Antonio, TX 78205  
Reservations: (866) 435-0900

Registrants must make their own room reservations:  
**Please make your reservation under the MEA block from 3/15 – 3/18.** Other room types and dates are subject to additional charges. Please register by 2/22/2016 to receive the negotiated rate.

**City View King Suite: \$185**

### Registration

**Register online:** [www.midwestenergy.org](http://www.midwestenergy.org)

**By fax:** (651) 289-9601

**By Mail:** Midwest ENERGY Association  
7825 Telegraph Road, Bloomington, MN 55438

Attn: Jenica Hickey (651) 289-9600 x 129  
[jenicah@midwestenergy.org](mailto:jenicah@midwestenergy.org)

|                   |                              |
|-------------------|------------------------------|
| Name: _____       | Name for Badge: _____        |
| Guest Name: _____ | Name for Guest Badge: _____  |
| Company: _____    | Title: _____                 |
| Address: _____    | Phone: _____ Fax: _____      |
| City: _____       | State: _____ Zip Code: _____ |
| Email: _____      | Web Address: _____           |

Payment is due prior to the meeting. Fee includes reception, refreshments, breakfast and all meeting materials.

- \$495 Member Fee  \$695 Non-Member Fee |  \$125 Golf Fee  \$190 Golf Fee + Clubs (check all that apply)

Please charge my/our fee of \$\_\_\_\_\_ to:  
*Do not email credit card information.*

|                              |               |  |  |
|------------------------------|---------------|--|--|
| Office Use Only: Code 350023 |               |  |  |
| Amt- _____                   | Rec'd _____   |  |  |
| Ck # _____                   | Initial _____ |  |  |

#### Credit Card Contact (must match card in order to be processed):

|   |                              |
|---|------------------------------|
| Name on Card: _____                         | Card Number: _____           |
| Security Code: _____ Expiration Date: _____ | Address: _____               |
| City: _____ State: _____                    | Zip Code: _____ Email: _____ |
| Signature: _____                            |                              |

**Americans with Disabilities Act:** (Please list your special meeting needs) \_\_\_\_\_

**Cancellation Policy:** *Cancellations received up to five working days before the training sessions are refundable, less a \$35 processing fee. After that, registrations are nonrefundable. Substitutions may be made at any time.*