

South Atlantic JUBILEE July 31– August 2, 2010 Form #1 Pre-Registration

In celebration of the JUBILEE'S 55th Anniversary attendee pre-registrations are discounted 55%!

Option 1 Full registration
 \$ 29.25 per person
 ◀Cont Ed, Trade Show Preview, Trade Show Monday & Worth Pickard Picnic.

Option 3 OSHA 8 hour Refresher + Full reg.
 \$ 195.00 per person

Option 2 Limited registration (16 and older)
 \$ 22.50 per person **
 **Limited registrations—first 5 per company are free.
 ◀Trade Show Preview (14 and up), Trade Show Monday & Worth Pickard Picnic.

Option 4 IGSHPA + Full registration
 (Ground Source Heat Pump Driller Training)
Must pre-register. Return enclosed Accredited Driller Workshop registration form to IGSHPA with payment.
 Return JUBILEE registration form to JUBILEE office to receive full registration at no additional cost for IGSHPA workshop participants.

Youth Persons 15 and under are free.
 Register under Youth Badge Names below.

Option 5 Business Succession—CANCELLED
 \$ 129.25 1st person/\$ 29.25 each additional

For discount, pre-registration forms must be received, with payment, **no later than Monday, July 19, 2010.**

Company: _____
Contact Person: _____
Mailing Address: _____
Town: _____ **State:** _____ **Zip:** _____
Phone: _____ **Fax:** _____
Email: _____

JUBILEE CONTACT INFO
Phone: 540-740-3329
Fax: 540-740-4556
Email: info@well-drillers.com
Web: www.well-drillers.com

→ **HELP THE JUBILEE plan for the future. HOW MANY of your registrants are:**

Driller Type of drilling _____ ___ Also water treatment ___ Also geothermal drilling	Pump Installer ___ Also water treatment Drillers Helper ___ Water Treatment Specialist	Scientist Engineer ___ Administrative/Office Personnel ___ Other (explain) _____ ___ Family
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→ **Print names clearly below. Select option for each attendee. Make copies of form as needed.**

Badge Names with Option selected (see option detail)	COST:
_____ 1 2 3 4 5	\$ _____
_____ 1 2 3 4 5	\$ _____
_____ 1 2 3 4 5	\$ _____
_____ 1 2 3 4 5	\$ _____
_____ 1 2 3 4 5	\$ _____
_____ 1 2 3 4 5	\$ _____
Subtotal from additional page	\$ _____
TOTAL DUE:	\$ _____

Youth Badge Names, 15 & under, free.

(Each youth must have a badge and be accompanied by an adult.)

Payment with Check: Payable to JUBILEE. Mail with form to P.O. Box 1290, New Market, VA 22844.
Return check fee \$30.00.

Payment with VISA or Mastercard: Complete information below and fax form to 540-740-4556.

Cardholder name (as on the card) _____ Does company name appear on card? **Yes No**

Circle one: **VISA** or **MasterCard** Amount of card payment \$ _____

Card # _____/_____/_____/_____ Exp Date: ____/____/____ Signature: _____

Refund Policy: \$35.00 fee; written notification required. No refunds after July 1, 2010.

Onsite registration fees: full \$65.00; limited \$50.00

Suppliers and Non-Exhibiting Sales and Manufacturer Reps

Option A First Time Attending and Non-Exhibiting - Unaffiliated Manufacturer Rep
\$ 100.00 per person

Option B Attended Before as Non-Exhibitor or as an Exhibitor - Unaffiliated Manuf Rep
\$ 900.00 first person
\$ 450.00 each additional person

Option C Affiliated Manufacturer Rep
• I am affiliated with _____, who is exhibiting my product at the JUBILEE this year.
\$ 100.00 per person

Option D Non-Exhibiting Suppliers
\$ 100.00 per person

Option E Guest Registration
• Persons 16 & older, **not** involved in the industry. \$ 22.50 per person
• Persons 15 & under, **not** involved in the industry, are free.
All guests and youth must be accompanied by a full registration and must wear badges.

Everyone who works for your company (including office personnel) **must** have a full registration and a badge.

Registration includes: Trade Show Preview, Trade Show Monday & Worth Pickard Picnic.

Forms must be received, with payment, **no later than Monday, July 19, 2010.**

Company: _____ **Contact Person:** _____
Mailing Address: _____ **Town:** _____ **State:** ____ **Zip:** _____
Phone: _____ **Fax:** _____ **Email:** _____

→ **Print names clearly below. Select option for each attendee. Make copies of form as needed.**

Badge Names with Option selected (see option detail)	COST:
_____ A B C D E	\$ _____
_____ A B C D E	\$ _____
_____ A B C D E	\$ _____
_____ A B C D E	\$ _____
_____ A B C D E	\$ _____
TOTAL DUE:	\$ _____

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