

# Registration Instructions/Registration Form

## February 26-February 29, 2012

**Fax or mail  
this sheet to  
OPEESA!  
(860) 767-  
7932**

**Changes or  
cancellations  
must be sent  
in writing to  
OPEESA.  
Fax to  
(860) 767-  
7932.**

1. Hotel arrangements must be made through Travel Plus. Contact Jackie Rummage at (877) 644-5888. Your hotel arrangements will not be confirmed until Travel Plus receives your credit card authorization form. It must be faxed to (800) 652-7330. Airline flights can be booked through Travel Plus, but it is not necessary.
2. If we receive your registration by January 20, 2012, your company listing will appear in the Advance Program/Directory.
3. Please print or type the names of the individuals who will be attending the Annual Meeting. First names (or nicknames) will appear on your badges.
4. Be sure to send the following to OPEESA:  
Completed Registration Form  
Completed Golf Tournament Form (if applicable)  
Completed Product/Service Showcase Form (if applicable)  
Check for total amount due or complete credit card information below. (We would prefer a check as that reduces expenses for OPEESA.)
5. Make a copy of this completed form for your records.

### 6. Badges will be mailed to your business, please distribute them to other attendees from your company.

Company \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

7. If you cannot attend the meeting, you must cancel your hotel arrangements with Travel Plus or with the hotel directly. **Hotel cancellation policy is 72 hours before arrival or one night's room and tax will be forfeited. If you choose to cancel your reservations directly with the hotel, the hotel will provide you with a cancellation number. Please record this number in a safe place, should a question arise.** OPEESA is not responsible for any personal hotel charges related to late cancellations.

8. **Registration fees will be refunded ONLY when cancellation is made, in writing, to OPEESA by February 6, 2012. Golf fees cannot be refunded due to course policies.**

We would appreciate a check for your registration fees: \$\_\_\_\_\_

Please bill my credit card.  Visa  Mastercard (We no longer accept American Express.)

Company Name: \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_

Card Number: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Credit Card CID # (special 3 digit code from back of card:) \_\_\_\_\_

Signature: \_\_\_\_\_

Billing Address (for credit card): \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_



# OPEESA

Mail to OPEESA, 37 Pratt Street, Essex, CT 06426-1159.  
Phone: (860) 767-1770 FAX: (860) 767-7932