



Registration Form for *Additional Sponsors and Exhibitors* 2009 Offshore Safe Lifting Conference & Expo

Register online at
www.api.org/meetings
or fax your completed form to
202-682-8222
by July 3, 2009
(no fax cover sheet necessary)

July 14-15, 2009
Hilton Houston North
Houston, Texas USA

Please use a separate form for each attendee. Photocopies are welcome. Note: This is how your badge will read. Please print or type clearly.

Name	Nickname
Job Title	
Company/Organization	
Mailing Address	
City	State/Province
Zip/Postal Code	Country
Phone	Fax
E-mail	
<i>(Required information - If you do not have an e-mail address, please write in NONE)</i>	

Emergency Information/Special Needs:

In case of emergency, contact:

Name	Relationship
Day Phone	Evening Phone

If you have special needs (physical or dietary) that need to be addressed for you to fully participate, please indicate them here:

Registration for additional Sponsors and/or Exhibitors

Sponsor/Exhibitor \$350

To be eligible for the above rate, Additional Sponsor/Exhibitor *must be a direct employee* of exhibiting or sponsoring company. API will request proof (i.e. business card) of direct employment at the conference registration desk.

Substitutions, Cancellations and Refunds:

Substitutions may be made at any time by written request. Notice of cancellations and requests for refunds must be made in writing and received by July 3, 2009. A refund of your registration fee, less a \$100 cancellation fee, will be made if notice is received by this date. *No refunds given after July 3, 2009.*

If you have any registration questions, please e-mail registrar@api.org.

Method of Payment

Fax completed form with credit card payment information to 202-682-8222 by July 3, 2009. No cover sheet necessary.

By Credit Card - Please charge the following card:

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> VISA | <input type="checkbox"/> MasterCard |
| <input type="checkbox"/> American Express | <input type="checkbox"/> Diners Club |

Card Number	
Exp. Date	Cardholder's Zip Code
Print Cardholder's Name	
Signature	

By Check - Please make sure your check is payable to the American Petroleum Institute and indicate the following reference number on the check to ensure payment is credited properly: **SS-2300-UM019-7410**. Mail the check with your registration form to: **American Petroleum Institute, P.O. Box 1425, Merrifield, VA 22116-1425**.

Please hand carry checks to on-site registration after June 22, 2009. Checks mailed after then might not be received in time for processing payment.