

**2011 Region 7 Meeting  
February 28 – March 1, 2011  
The Westin New Orleans Canal Place  
New Orleans, Louisiana  
Registration**

**Meeting Attendee Information:** *(Please complete a separate registration form for each individual attendee.)*

Attendee Name: \_\_\_\_\_

Title: \_\_\_\_\_

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

Mailing Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Web Address: \_\_\_\_\_

**Pricing Information:**

**Members**

**Non-Members**

**Early Rate**

\$250

\$300

**Regular Rate**

\$300

\$350

***The early rate ends February 8, 2011***

**Accommodations:**

Attendees are responsible for their own hotel reservations. Rooms are being held at **The Westin New Orleans Canal Place**, 100 Rue Iberville, New Orleans, LA 70130. The room rate is \$199 per night plus \$2.00/ night Occupancy Charge and tax. The cut-off date for this special room rate is February 8, 2011. You can make reservations by calling **1-888-627-8180**. You must mention you are with UTC for the special rate. For additional information or questions please contact meetings@utc.org or call 202.872.0030.

**Region 7 Shirts:**

All attendees who register by **February 8, 2011** will receive a complimentary short-sleeved button-down logo shirt.

Please indicate your size below and return by February 8, 2011.

**MEN'S:** Shirt Sizes (S-XL, 2XL-5XL) \_\_\_\_\_

**WOMEN'S:** Shirt Sizes (S-2XL) \_\_\_\_\_

**Payment Information:**

Written cancellation notices will be accepted through February 8, 2011, subject to a 15% service charge. After that date, all registrants will be liable for the full fee. Please make all checks payable to Utilities Telecom Council and mail with registration form to: Utilities Telecom Council, 1129 20<sup>th</sup> Street, NW, Suite 350, Washington, DC 20036. If making a credit card payment, you may fax this registration form to 202.872.1331 or register online at [www.utc.org](http://www.utc.org).

Check (Payable to Utilities Telecom Council)

Credit Card Payment:  MasterCard  VISA  American Express  
Card # \_\_\_\_\_ Exp Date \_\_\_\_\_ Amount \$ \_\_\_\_\_

Street Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Cardholder's Name \_\_\_\_\_

Signature \_\_\_\_\_