

**EASTERN SECTION**  
**International Association of Electrical Inspectors**  
**84th Electrical Code Education Seminar & Annual Meeting**  
**2008 Advance Registration**  
**October 5<sup>th</sup> – October 8<sup>th</sup>, 2008**

**Lancaster Host Resort & Conference Center, Lancaster PA.**

**EXHIBITOR FORM – ONE COMP REGISTRATION**

**Staying at the Hotel**  
**Advance Registration: \$250.00**  
**At Door.....\$300.00**

**Staying Offsite / No Package\***  
**Advance Registration: \$300.00**  
**At Door..... \$325.00**

REFUNDS: 80% refund if requested no later than August 30, 2008, after that date NO REFUNDS

\* Staying offsite / no package: fee includes three code breakfasts and registration gift. No other meals or functions are included. Meal and function tickets may be purchased at the registration desk, if desired.

**Companion program:** Monday, October 6<sup>th</sup>, 2008 – Will be “The Total Amish Experience”. This includes a tour of the Amish country, learn about their culture, visit Amish shops, seat and relax while seeing a 40 minute one of kind five screen show of Amish heritage. This will be followed by a “traditional Amish family style meal. The entire program will be about five hours. Transportation will leave the Host Resort at 10:15 AM, please be on time. **Registration fee for the program is \$50.00. Please include this amount with your Section Registration fee, if your companion plans on attending the program.**

You **MUST** Mail this form and payments to: Charles DeAngelis  
 81 Harold Street  
 Lewiston, Maine 04240  
 (207) 784-8262  
 e-mail: cdeangelis55@verizon.net

Make checks payable to:  
 Eastern Section, I.A.E.I.  
 Tax I.D. #11-6032238

**Code Workshop Fee:** \$ \_\_\_\_\_  
**Companion Program Fee:** \$ \_\_\_\_\_

**Please Print or Type the following:** **Total Enclosed** \$ \_\_\_\_\_

Name \_\_\_\_\_  
Last Name First Name MI

Home Address: \_\_\_\_\_  
House Number Street

Address: \_\_\_\_\_  
City State Zip Code

Day Phone: ( ) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Social Security Number (required for workshop CEU'S) - last four digits only): XXX-XX-\_\_\_\_\_

Chapter: \_\_\_\_\_ Membership # \_\_\_\_\_

Type of Member: Inspector \_\_\_ Associate \_\_\_

Companion Attending: Yes \_\_\_ No \_\_\_ Companion's Name \_\_\_\_\_

Mail this form along with payment to the above address.

Additional information: e-mail: [RayMillet@aol.com](mailto:RayMillet@aol.com) or [www.iaei.org](http://www.iaei.org)

OFFICE USE ONLY: Date rec'd \_\_\_\_\_ Amount Rec'd: \_\_\_\_\_ Reg. #: \_\_\_\_\_