

Registration Form

1st Annual Shale Gas Producers Conference

Name _____

Position _____

Company _____

Address _____

City _____ State/Province _____ ZIP/Postal Code _____ Country _____

Telephone _____ Fax _____

Email _____

Payment:

Will send a **check** within ten business days (*please make checks payable to Phasis Consulting*)

VISA _____

Master Card _____

AMEX _____

Name as it appears on Card _____

Expiry Date _____ Security Code _____

Cardholder Signature _____

by email:
conferences@phasis.ca

by fax:
403.398.1331

by mail:
*P.O. Box 1581 Stn M
Calgary, AB T2P 3B9
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by phone:
403.455.3556