

PLEASE CHECK ANY THAT APPLY

CONTACT NAME	
Company	
Address	
City / State / Zip	
Phone	Fax
E-MAIL (REQUIRED TO PAY BY CREDIT CARD VIA PAYPAL)	

<input type="checkbox"/> Southeastern Chapter Active Member	
<input type="checkbox"/> Other Chapter Active Member	
<u>Vendors must be an exhibitor or be associated with an exhibitor in order to register for conference or exhibit hall</u>	
<input type="checkbox"/> Southeastern Chapter Affiliate Member	
<input type="checkbox"/> Vendor, non-member	

**USE FORM FOR UP TO THREE ATTENDEES.**

For each attendee, include full name and name for badge if different. Select only one registration type. Select optional activity if applicable. Write total for row in total column. Add totals column. Include totals from additional pages if applicable. If additional registrants are needed, complete a second form with registrant info and company name.

**BOGOHO: Buy One Get One Half Off.**

Buy one Technical or Managerial\* registration at the regular price and get another Technical or Managerial\* registration at half-off! And this year, we are also extending the offer to Exhibitors: get a half-price Technical or Managerial registration with each full-price exhibit table reservation.

CONFERENCE REGISTRATIONS SELECT ONE FOR EACH ATTENDEE				WELCOME LUAU (THURS)		Totals	
MANAGERIAL	TECHNICAL	EX HALL ONLY	CHAPTER MTG & LUNCH SATURDAY	T-SHIRT SIZE (INCLUDED W/ REGISTRATION)	LUAU (INCLUDES FAMILY)		NUMBER OF ATTENDEES
\$200	\$200	\$70	MUST RSVP		\$20		
<input type="checkbox"/>	NAME FOR BADGE						
<input type="checkbox"/>	CELL PHONE	EMAIL					

<input type="checkbox"/>	NAME FOR BADGE						
<input type="checkbox"/>	CELL PHONE	EMAIL					

<input type="checkbox"/>	NAME FOR BADGE						
<input type="checkbox"/>	CELL PHONE	EMAIL					

**IMPORTANT!** Please include attendee's cell phone and email address for SMS messages, announcements, last-minute schedule changes, etc.

CANCELLATIONS received in writing at the chapter office by noon on September 12, 2022 will receive a full refund. For cancellations after this date, refunds will be provided, if possible, but may be reduced or eliminated based on the ultimate financial performance of the conference.

OPT OUT: Please don't share my contact information with show attendees and exhibitors.

<b>Page Total</b>	
<b>GRAND TOTAL</b>	

If you have any questions or any difficulty using this form please contact us at [events@easasoutheast.org](mailto:events@easasoutheast.org) or (980) 272-8556.

TO PAY BY CHECK MAKE PAYABLE AND MAIL TO:  
**EASA SOUTHEASTERN CHAPTER**  
P.O. Box 32127  
Charlotte, NC 28232-2127

A PayPal account is not required to use PayPal.

The Southeastern Chapter is now accepting credit card payments through *PayPal*. To pay by credit card, please email your registration form(s) to [events@easasoutheast.org](mailto:events@easasoutheast.org). Please make sure your valid email address is provided above. You will receive a PayPal "invoice" at this address. Registrations are not confirmed until paid.



For more information please call or email  
(980) 272-8556  
[events@easasoutheast.org](mailto:events@easasoutheast.org)

Please circle **THREE SPECIALTIES** from the list below that best identify your area of expertise. This list will be shared in the Managerial Training and used to build the EASA Southeast Network of Knowledge.

**AC ELECTRIC MOTOR REWINDING**

Single Phase Motors  
Polyphase Motors  
Polyphase Motors with Formed Coils  
AC Generator Rewinding  
UL or CSA Hazardous Location Rebuilding

**DC MOTOR OR GENERATOR REWINDING**

DC Motors or Generators  
Rotating Fields  
Armature Rewinding  
DC Welders-Rotating

**SPECIALTY MACHINE REWINDING**

Servo  
Traction  
Hoist  
Cryogenic

**TRANSFORMER SERVICE**

Air Cooled Rebuilding  
Air Cooled Rewinding  
Oil-filled Rewinding  
Welder Transformer Rewinding

**FIELD SERVICE**

Vibration Analysis  
Alignment  
Portable Balancing  
Thermography

**MECHANICAL SERVICING**

Dynamic Balancing  
General Machine Shop  
Hermetic Compressors  
Metal Spraying  
Pump Repair  
Rotor Rebaring

Air Compressors

Combustion Engine

**ELECTRIC/ELECTRONIC CONTROL SERVICING**

Electromechanical Field Servicing  
Electronic Field Servicing  
Printed Circuit Board Repair  
Switchgear Over 600 Volts  
Custom Panel Fabrication

**LOAD TESTING**

Under 125 hp (93kW) @ 1800 rpm  
125 to 250 hp (93 to 186 kW) @ 1800 rpm  
251 to 500 hp (187 to 373 kW) @ 1800 rpm  
Over 500 hp (373kW) @ 1800 rpm

WHAT'S INCLUDED IN YOUR REGISTRATION		
TECHNICAL	MANAGERIAL	EXHIBIT HALL ONLY
<p><b><u>FRIDAY</u></b></p> <ul style="list-style-type: none"> <li>T-shirt</li> <li>Breakfast voucher for hotel restaurant</li> <li>All-day training</li> <li>Lunch</li> <li>Exhibit Hall, dinner and entertainment event</li> </ul> <p><b><u>SATURDAY</u></b></p> <ul style="list-style-type: none"> <li>Breakfast voucher</li> <li>Half-day class</li> </ul>	<p><b><u>FRIDAY</u></b></p> <ul style="list-style-type: none"> <li>T-shirt</li> <li>Breakfast voucher for hotel restaurant</li> <li>All-day training</li> <li>Lunch</li> <li>Exhibit Hall, dinner and entertainment event</li> </ul> <p><b><u>SATURDAY</u></b></p> <ul style="list-style-type: none"> <li>Breakfast voucher</li> <li>Half-day class</li> </ul>	<p><b><u>FRIDAY</u></b></p> <ul style="list-style-type: none"> <li>Entrance to the Friday evening Exhibit Hall with dinner and entertainment</li> </ul>

**LIABILITY WAIVER**

I understand that participation in this event, conference or activity could include actions or tasks which might be hazardous to the participant named above.

By signing below, I assume any risk of harm or injury which might occur to the participant due to his/her/my participation in the event or activity. I release the organization or business named above from all liability, costs and damages which might arise from participation in the above named event or activity.

If the participant is a minor, I agree that the minor has my consent to participate in the event. I further provide my consent for the organization or business named above to seek emergency treatment for the minor if necessary. I agree to accept financial responsibility for the costs related to this emergency treatment.

PARTICIPANT NAME

DATE

SIGNATURE

If you have any questions or any difficulty using this form please contact us at [events@easasoutheast.org](mailto:events@easasoutheast.org) or (980) 272-8556.