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

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

| **Staying at the Hotel** | **Staying Offsite / No Package*** |
|---|---|
| **Advance Registration: $250.00** | **Advance Registration: $300.00** |
| **At Door……..$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 6th, 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.**

**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: Ray Millet (631)-543-5179 e-mail: RayMillet@aol.com or www.iaei.org**

**OFFICE USE ONLY: Date rec'd_____ Amount Rec'd:_____ Reg. #: _____**