



COME TOGETHER

ON-SITE PRESS REGISTRATION FORM

23	PS
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4-DAY COMPLIMENTARY REGISTRATION

- Complimentary press registration is available only to members of the working press. (Example: reporter, freelance writer, editor, publisher, etc.)
- Titles that will not be eligible for registration include marketing representative, advertising sales, president, etc.
- To ensure a secure conference, photo identification is required.

Please type or print clearly, abbreviating if necessary. All portions of this form must be completed before the form can be processed. Print/type names as they should appear on your meeting badge. Retain a copy for your files. No one under 15 years of age will be admitted.

Last Name: _____ **First Name:** _____
 (Family Name) (Forename)

Company: _____ **Title or Position:** _____

Mailing Address: _____
 (P.O. Box or Street Address)

City: _____ **State:** _____ **Zip:** _____

Country: _____ **Office Telephone:** _____
 (Include Country, Area and City Code)

Facsimile: _____ **Email:** _____
 (Include Country, Area and City Code)

Type of Media Organization


- Newspaper
 Radio
 Television
 Newswire
 Website
 Magazine
 Other (please specify): _____

Media Organization is based in (city/country): _____

Name of Assignment Editor: _____ Phone Number of Editor: _____

Media Organization's Primary Audience

- Upstream
 Downstream
 Integrated
 Petrochemicals
 General
 Transportation
 Technology
 Financial
 Business
 Environment
 Political
 Other (please specify) _____

 Check here if you have special needs to participate fully. You will be contacted by OTC.