

Registration Form

2012 Regulator School
Nebraska City, NE



Elster American Meter will offer a 2-day Regulator School beginning at 8:00 a.m. on Tuesday, March 6 and concluding on Wednesday, March 7 at 5:00 p.m. The classes will be held in Nebraska City at the Elster American Meter facility, 2221 Industrial Road, Nebraska City, NE.

All classes will have both instructional and hands-on segments to give you the full benefit of learning regulators inside and out.

Hurry and make your reservations early as our classes fill up quickly!

Rooms are reserved at the Lied Lodge & Conference Center. Reserve by February 3 and identify as being with the Elster American Meter School for group rate.

Students are responsible for making their own hotel room reservations.

School Information:

Hotel: Lied Lodge & Conference Center

Room Rate: \$99.00 plus 12% tax

Address: 2700 Sylan Rd, Nebraska City, NE 68410

Phone: 800 546 5433

Identify yourself as being with the Elster American Meter School. The school will be conducted at Elster American Meter at the factory in Nebraska City.

Please fill out the form attached. Send your form and check/credit card payment order to:

Bob Bennett

Elster American Meter

2221 Industrial Road

Nebraska City, NE 68410

Fax: 402 873 7616

E-mail: bbennett@americanmeter.com

If you have any questions concerning the classes, lodging, etc. contact Bob Bennett at bbennett@americanmeter.com or call 402 873 8286.



2012 Regulator School Registration

The cost of the training session is \$750.00 and includes the Welcome reception on the evening of Monday, March 5, 2012 at the Lied Center, Daily Buffet Breakfast, Daily Lunch and Refreshment Breaks, Dinner Tuesday night, Certificate of Attendance and Course Materials

First Name: _____

Last Name: _____

Job Title: _____

Company Name: _____

Company Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email Address: _____

Shirt Size:

Small ____ Medium ____ Large ____ X Large ____ XXLarge ____ XXXLarge ____

Payment Information:

__ Check # _____

__ Credit Card __ VISA __ MC __ AmEx

Credit Card Holder's Name: _____

Credit Card Account Number: _____

Expiration Date: _____

Please send to:

Bob Bennett

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Nebraska City, NE 68410

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