

Horizontal Well Stimulation

**PLEASE FAX
THIS FORM
TO
972-852-9292.**

**17-18 November 2009
Hilton Pittsburgh, Pittsburgh, PA**

600 Commonwealth Place, Pittsburgh, PA 15222; Phone: +1.412.391.4600

Space is Limited – Register Early

**PRIORITY
NOTIFICATION
FOR
2010 WORKSHOP**

First Name/Forename: _____ Middle Name: _____

Last/Family Name: _____ SPE Member? Yes No

Member No.: _____ Job Title: _____

Company/Organization: _____

Street or P.O. Box Number: _____ City: _____

State/Province: _____ Zip/Postal Code: _____ Country: _____

Telephone: _____ Facsimile: _____

E-mail (required): _____

List background and experience that qualify you as a participant and contributor: _____
