IAEE Corporate Institutional Membership Application

The cost of IAEE Corporate Institutional Membership is $2500 annually. Benefits include:

<table>
<thead>
<tr>
<th>BENEFIT</th>
<th>VALUE</th>
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</thead>
<tbody>
<tr>
<td>1. Two complimentary subscriptions to the IAEE’s prestigious Energy Journal</td>
<td>$200.00</td>
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<tr>
<td>2. Two complimentary subscriptions to Economics of Energy &amp; Environmental Policy</td>
<td>$200.00</td>
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<tr>
<td>3. Two complimentary subscriptions to the Energy Forum (newsletter)</td>
<td>$200.00</td>
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<tr>
<td>4. Two complimentary registrations per year at IAEE International, European Asian or North American Conferences</td>
<td>$1750.00</td>
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<tr>
<td>5. Complimentary placement of your company’s promotional material on conference provided registration tables displayed throughout the conference venue</td>
<td>$1000.00</td>
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<tr>
<td>6. 50% off exhibit table top space at IAEE International Conference</td>
<td>$1250.00</td>
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<tr>
<td>7. One complimentary full page ad in both the IAEE Energy Forum &amp; Energy Journal per year</td>
<td>$1250.00</td>
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<tr>
<td>8. IAEE Institutional Membership acknowledgement in the online IAEE Membership Directory</td>
<td>Recognition</td>
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<tr>
<td>9. IAEE Institutional Membership acknowledgement on the IAEE Website with a link to your organizations web site</td>
<td>Recognition</td>
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</table>

Total Value $5,850.00

Please complete the application below to join IAEE as an Institutional Member. Two individuals receive the above benefits. The following two individuals are designated as representatives of the IAEE Corporate Institutional Membership Program:

1. Name: ________________________________
   Title: ________________________________
   Company: ________________________________
   Address: ________________________________
   City, State, Zip: ________________________________
   Phone: ________________________________
   Fax: ________________________________
   Email: ________________________________

2. Name: ________________________________
   Title: ________________________________
   Company: ________________________________
   Address: ________________________________
   City, State, Zip: ________________________________
   Phone: ________________________________
   Fax: ________________________________
   Email: ________________________________

Institutional Membership Dues are $2500.00 per year.

TOTAL AMOUNT PAID: ________________________________ U.S. Dollars Only

Method of Payment
   _____ Check (check payable to IAEE in U.S. dollars and drawn on a U.S. bank)
   _____ Credit Card ______ Visa ______ MasterCard
   ________________________________Card Number ________________________________Expiration Date __________ CVC2 Code
   ________________________________Signature of Card Holder

NOTE: If paying by credit card please fax your completed membership form, with signature to: 216-464-2737.

Mail payments to: IAEE Headquarters
   28790 Chagrin Blvd., Ste. 350
   Cleveland, OH 44122 USA
   Phone: 216-464-5365 Fax: 216-464-2737 / Email: iae@iaee.org