



## Tallgrass CONNECT Training Registration Form

(\*) indicates a required response

### **Personal Information:**

\*Name \_\_\_\_\_

\*Company \_\_\_\_\_

\*Title \_\_\_\_\_

\*Address \_\_\_\_\_

\*City \_\_\_\_\_ \*State \_\_\_\_\_ \*Zip code \_\_\_\_\_

\*Phone Number \_\_\_\_\_ \*Mobile Phone Number \_\_\_\_\_

\*Email Address: \_\_\_\_\_

\*Which training date will you attend?

\_\_\_ Tuesday, 12/3/13 10:30 a.m. – 12:00 p.m. (MST) Capacity Release (**Lakewood**)

\_\_\_ Tuesday, 12/3/13 1:00 p.m. – 3:00 p.m. (MST) \*Nominations (**Lakewood**)

\_\_\_ Tuesday, 12/10/13 10:30 a.m. – 12:00 p.m. (CST) Capacity Release (**Houston**)

\_\_\_ Tuesday, 12/10/13 1:00 p.m. – 3:00 p.m. (CST) \*Nominations (**Houston**)

\_\_\_ Thursday, 12/12/13 10:30 a.m. – 12:00 p.m. (MST) Capacity Release (**Webinar**)

\_\_\_ Thursday, 12/12/13 1:00 p.m. – 3:00 p.m. (MST) \*Nominations (**Webinar**)

\*Nominations sessions include general EBB and CONNECT navigation.

\*\*Do you have any dietary restrictions?

\_\_\_ None \_\_\_ Vegetarian \_\_\_ Gluten free \_\_\_ Allergies/Other Please specify: \_\_\_\_\_

\*Have you used Quorum software previously \_\_\_ Yes \_\_\_ No

If yes, proficiency: \_\_\_ Beginner \_\_\_ Intermediate \_\_\_ Advanced

Please return to:  
Sherry.Shibly@tallgrassenergyllp.com