



2020 Program Participation Form

Company Name: _____
 Contact Name: _____
 Address, City, State, Zip: _____
 Phone/Email Address: () / _____
 Website: _____

Name of official company representative(s) to serve as OPAL Voting Member(s) (Per the OPAL By-Laws)

 Name and e-mail of all company personnel who should receive OPAL communications

My signature confirms my company's participation in the OPAL 2019 Program.

PLEASE INITIAL

_____ I acknowledge the cost of \$600.00 per Asset County as a General Member (Pipeline or Distribution System Operator) and agree to remit payment in accordance with the terms and conditions of the OPAL Member Agreement.

Please indicate each asset county to be included in the 2020 program

<input type="checkbox"/> Adair	<input type="checkbox"/> Cleveland	<input type="checkbox"/> Grant	<input type="checkbox"/> Le Flore	<input type="checkbox"/> Nowata	<input type="checkbox"/> Rogers
<input type="checkbox"/> Alfalfa	<input type="checkbox"/> Coal	<input type="checkbox"/> Greer	<input type="checkbox"/> Lincoln	<input type="checkbox"/> Okfuskee	<input type="checkbox"/> Seminole
<input type="checkbox"/> Atoka	<input type="checkbox"/> Comanche	<input type="checkbox"/> Harmon	<input type="checkbox"/> Logan	<input type="checkbox"/> Oklahoma	<input type="checkbox"/> Sequoyah
<input type="checkbox"/> Beaver	<input type="checkbox"/> Cotton	<input type="checkbox"/> Harper	<input type="checkbox"/> Love	<input type="checkbox"/> Okmulgee	<input type="checkbox"/> Stephens
<input type="checkbox"/> Beckham	<input type="checkbox"/> Craig	<input type="checkbox"/> Haskell	<input type="checkbox"/> Major	<input type="checkbox"/> Osage	<input type="checkbox"/> Texas
<input type="checkbox"/> Blaine	<input type="checkbox"/> Creek	<input type="checkbox"/> Hughes	<input type="checkbox"/> Marshall	<input type="checkbox"/> Ottawa	<input type="checkbox"/> Tillman
<input type="checkbox"/> Bryan	<input type="checkbox"/> Custer	<input type="checkbox"/> Jackson	<input type="checkbox"/> Mayes	<input type="checkbox"/> Pawnee	<input type="checkbox"/> Tulsa
<input type="checkbox"/> Caddo	<input type="checkbox"/> Delaware	<input type="checkbox"/> Jefferson	<input type="checkbox"/> McClain	<input type="checkbox"/> Payne	<input type="checkbox"/> Wagoner
<input type="checkbox"/> Canadian	<input type="checkbox"/> Dewey	<input type="checkbox"/> Johnston	<input type="checkbox"/> McCurtain	<input type="checkbox"/> Pittsburg	<input type="checkbox"/> Washington
<input type="checkbox"/> Carter	<input type="checkbox"/> Ellis	<input type="checkbox"/> Kay	<input type="checkbox"/> McIntosh	<input type="checkbox"/> Pontotoc	<input type="checkbox"/> Washita
<input type="checkbox"/> Cherokee	<input type="checkbox"/> Garfield	<input type="checkbox"/> Kingfisher	<input type="checkbox"/> Murray	<input type="checkbox"/> Pottawatomie	<input type="checkbox"/> Woods
<input type="checkbox"/> Choctaw	<input type="checkbox"/> Garvin	<input type="checkbox"/> Kiowa	<input type="checkbox"/> Muskogee	<input type="checkbox"/> Pushmataha	<input type="checkbox"/> Woodward
<input type="checkbox"/> Cimarron	<input type="checkbox"/> Grady	<input type="checkbox"/> Latimer	<input type="checkbox"/> Noble	<input type="checkbox"/> Roger Mills	

PLEASE CHECK ALL THAT APPLY

- I would be interested in receiving more information regarding OPAL sub-committee participation opportunities
 - Youth education program development
 - Communications and social media
 - PERI
- Changes to my Operator Page are attached

Please return completed form via email to: Gerald.kolb@centerpointenergy.com
 For Questions please contact: Gerald Kolb @ 580 250 5490