

Registration Form

E-MAIL

E-mail this registration form to katy.schaff@inma.org.

FAX

Fax this form, along with credit card or bank transfer payment to INMA at +1 214 373-9112. To reach INMA, please call +1 214 373-9111.

PLEASE PRINT OR TYPE (all information is required)

Mr. Ms. Other _____

Name _____ Title _____

Address _____ Company _____

Postal or Zip Code _____ City/State/Province _____

Telephone _____ Country _____

Mobile _____ E-Mail _____

Fax _____ Web _____

REGISTRATION

<input type="checkbox"/> Member rate	By August 15 US\$7,500	After August 15 US\$8,500
<input type="checkbox"/> Non-member rate	US\$8,295	US\$9,295

Note: All rates are per person. Non-member rate includes one year of individual membership in INMA.

Price includes: Bus transfers during study tour, lunches during the five tour days, expert guide to Silicon Valley, preparatory materials for tour, INMA staff who arranges tour and accompanies group.

Not included: Airline transportation, airport transfers, hotel room, and meals not specifically outlined.

PAYMENT METHOD

all payments must be in U.S. dollars drawn on a U.S. bank

I have enclosed a check/money order in the amount of \$ _____ Please invoice me for bank transfer

Charge my fee to: MasterCard Visa American Express

Credit Card Number _____ Expiration Date _____

Name on Credit Card _____ Signature _____

Security Code _____

REGISTRATION POLICIES

Cancellation/Substitution Policy: Because of limited space on the tour, cancellations will be accepted up until August 15, 2017, minus a US\$750 administration fee. Cancellations received after this date will not be refunded. Substitutions may be accommodated if submitted in writing in advance of the Study Tour.

Photo Release Statement: By registering for this event, you give INMA permission to use photographs and/or videos of the registered individual for publicity purposes in the future both online and in printed materials.

INMA reserves the right to change information contained on this form as circumstances change.

FOR OFFICE USE ONLY	Check Number _____	Amount _____	Date _____
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