

E-MAIL

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

GROUP REGISTRATION

Mr. Mrs. Ms. Dr. Other _____
Name _____
Title/Function _____
Company _____
Address _____
City _____ State/Province _____
Postal/Zip _____ Country _____
E-Mail _____
Telephone _____
Mobile _____ Fax _____

Mr. Mrs. Ms. Dr. Other _____
Name _____
Title/Function _____
Company _____
Address _____
City _____ State/Province _____
Postal/Zip _____ Country _____
E-Mail _____
Telephone _____
Mobile _____ Fax _____

Please submit the additional names and contact information in a Word document. *Please note: full names, job titles and email addresses are required for every individual.*

GROUP PRICING (5+ people; price per person)

	By Aug 15	Aug 16-Sep 30	After Sep 30
<input type="checkbox"/> 5-9 Individuals	US\$1,395	US\$1,495	US\$1,595
<input type="checkbox"/> 10-14 Individuals	US\$1,295	US\$1,395	US\$1,495
<input type="checkbox"/> 15+ Individuals	US\$1,195	US\$1,295	US\$1,395

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: Conference registrations are subject to a US\$250 fee for cancellations between September 15 and October 15. No refunds or credits are granted after October 15, 2018. Hotel room cancellations must be made directly with the hotel.
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.