



REGISTRATION FORM

E-MAIL

E-mail this registration form to katy.king@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 _____

Address _____

Postal or Zip Code _____

Telephone _____

Mobile _____

Fax _____

Title _____

Company _____

City/State/Province _____

Country _____

E-Mail _____

Web _____

REGISTRATION FEES

Until September 1 After September 1

- INMA Members rate US\$349 US\$399
- Non-members rate US\$499 US\$499
- Include a year of INMA Membership with my non-member registration for only an additional \$295.

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:

Substitutions can be made at any time, but no refunds can be made after September 11th.