



## REGISTRATION FORM

### E-MAIL

E-mail this registration form to [katy.king@inma.org](mailto: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.

## COMPANY INFORMATION

Company \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_  
 Country \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 Fax \_\_\_\_\_

## INDIVIDUAL REGISTRANTS (Registration)

Name \_\_\_\_\_  
 Title \_\_\_\_\_  
 E-mail \_\_\_\_\_  
 Mobile \_\_\_\_\_

## 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.

Name \_\_\_\_\_  
 Title \_\_\_\_\_  
 E-mail \_\_\_\_\_  
 Mobile \_\_\_\_\_

### Group Discounts

*Group registrations of 10 people or more will receive a 10% discount. Contact INMA for more information.*

Name \_\_\_\_\_  
 Title \_\_\_\_\_  
 E-mail \_\_\_\_\_  
 Mobile \_\_\_\_\_

## 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

Name \_\_\_\_\_  
 Title \_\_\_\_\_  
 E-mail \_\_\_\_\_  
 Mobile \_\_\_\_\_

Credit Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_

Name on Credit Card \_\_\_\_\_

Signature \_\_\_\_\_

Name \_\_\_\_\_  
 Title \_\_\_\_\_  
 E-mail \_\_\_\_\_  
 Mobile \_\_\_\_\_

## REGISTRATION POLICIES

**Cancellation/Substitution Policy:** Substitutions can be made at any time, but no refunds can be made after September 11<sup>th</sup>.

Name \_\_\_\_\_  
 Title \_\_\_\_\_  
 E-mail \_\_\_\_\_  
 Mobile \_\_\_\_\_