Delegate Registration

☐ Mr.  ☐ Mrs.  ☐ Ms.  ☐ Dr.  ☐ Other ________________________________

First Name ________________________________
Surname/Last Name ________________________________
Title/Function ________________________________
Company ________________________________
Address ________________________________
City ________________________________
State/Province (if applicable) ________________________________
Postal/Zip ________________________________
Country ________________________________
E-Mail ________________________________
Telephone ________________________________
Mobile ________________________________

Registration Rates

<table>
<thead>
<tr>
<th></th>
<th>BY JUNE 1</th>
<th>AFTER JUNE 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>INMA MEMBER</td>
<td>US$395</td>
<td>US$495</td>
</tr>
<tr>
<td>NON-MEMBER Pricing includes one year of INMA membership</td>
<td>US$1,190</td>
<td>US$1,290</td>
</tr>
</tbody>
</table>

Contact INMA about group registrations of 10+ people (only for corporate members of INMA)

Cancellation

Conference registrations may be cancelled until JUNE 1, but are subject to a US$95 processing fee. No refunds or credits are granted after JUNE 1. Substitutions can be made at any time prior to JUNE 1.

Payment Method

☐ Bank transfer in U.S. dollars to: INMA (Please e-mail katy.king@inma.org for an invoice. Bank charges and commissions to be paid by sender.)

☐ I have enclosed a cheque/money order in the amount of US$_______ payable in U.S. funds through a New York Exchange.

☐ Charge my fee to: ☐ VISA ☐ MasterCard ☐ American Express

Credit Card Number ________________________________
Expiration _______________ Security Code _______________
Name on Credit Card ________________________________
Signature ________________________________