

GROUP REGISTRATION FORM

Registration Preference

- Mail/Post to INMA World Congress, P. O. Box 740186, Dallas, Texas 75374, USA (along with payment)
- Fax/Email to INMA World Congress at +1 214 373-9112 or events@inma.org (along with payment information)

Group Rates*

CONFERENCE + WORKSHOPS RATES	BY DEC 15	DEC 15 – JAN 31	FEB 1 – MAR 15	MAR 16 – MAY 21
<input type="checkbox"/> 3-5 individuals	US\$1695	US\$1,895	US\$2,095	US\$2,295
<input type="checkbox"/> 6-9 individuals	US\$1,595	US\$1,795	US\$1,995	US\$2,195
<input type="checkbox"/> 10+ individuals	US\$1,495	US\$1,695	US\$1,895	US\$2,095

STUDY TOUR

<input type="checkbox"/> Ticket	US\$3,500	US\$3,500	US\$3,500	US\$3,500
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EXTRA ACTIVITIES RATES

Global Media Awards Dinner	BY DEC 15	DEC 15 – JAN 31	FEB 1 – MAR 15	MAR 16 – MAY 21
<input type="checkbox"/> Ticket ^(required for everyone)	US\$195	US\$195	US\$195	US\$195

*Group pricing only applies to individuals attending from the same company and only one payment can be submitted for the entire group. Rates are per person. To qualify for group pricing, your company must be a Corporate member of INMA.

Payment Method

- Bank transfer in U.S. dollars to: INMA (Please contact INMA at events@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:   

Credit Card Number _____

Expiration _____ Security Code _____

Name on Credit Card _____

Signature _____

Cancellation/Substitution Policy

Conference registrations may be cancelled until April 15, but are subject to a US\$250 processing fee. No refunds or credits are granted after April 15. Substitutions can be made at any time prior to April 15.

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.

If you have more than 6 delegates in your group, please submit the additional names and contact information in a Word document. Please note: full names, job titles and e-mail addresses are required for every individual.

COVID Risk: You acknowledge and agree that you are voluntarily assuming all risks of exposure to COVID and agree to release, waive and discharge INMA, the facility, and all affiliated individuals and entities involved in the event from all claims directly or indirectly arising from your attendance. If the event has to be canceled due to local COVID conditions or regulations at the time of the event; INMA will refund your registration fee in full or provide a credit for future INMA events.

Group Registrations

Name _____

Designation _____

E-mail _____

Mobile _____

Please indicate which additional functions you will be attending with your conference registration

- | | |
|---|--|
| Wednesday morning, May 24 (pick 1) | Wednesday afternoon, May 24 (pick 1) |
| <input type="checkbox"/> Subscriptions Workshop | <input type="checkbox"/> Smart Data Workshop |
| <input type="checkbox"/> Newsrooms Workshop | <input type="checkbox"/> Product Workshop |
| <input type="checkbox"/> Digital Advertising Workshop | <input type="checkbox"/> Welcome reception at Tavern On the Green |

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