

Post-Conference Video and Handouts

Please provide the following information:

FIRST NAME	LAST NAME	LAST NAME			
COMPANY	TITLE				
ADDRESS					
CITY	STATE	ZIP	EMAIL ADDRESS		
BUSINESS TELEPHONE		BUSINESS FAX	ζ		

VIDEO AND HANDOUT FEES			
Company Size	FEE		
☐ Less than 10 employees	\$125		
☐ More than 10 employees	\$225		

Instructions

Upon receipt of payment, you will be sent a custom link to the email address provided above.

PAYMENT AND REMITTANCE INFORMATION					
PAYMENT					
CHECK ENCLOSED \$					
CREDIT CARD	VISA				
CREDIT CARD#					
EXP. DATE					
CARDHOLDER NAME					
SIGNATURE					

Remittance Information

Email your completed form to Allie.

Email: ADoremus@ipaa.org

Checks can be sent to: ATTN: Allie Doremus 1201 15th Street, NW Suite 300 Washington, DC 20005