REGISTRATION FEES

BOOK YOUR ROOM BEFORE JULY 25 AND RECEIVE AN ADDITIONAL $95 OFF YOUR REGISTRATION!

TODAY'S DATE: _____
HAVE YOU BOOKED YOUR ROOM YET?
(Circle) Y N

✦ SPECIAL SPONSOR OFFER! ✦

IPAA PATRON REGISTRATION | $2,500 $_____
Includes one attendee registration and provides company recognition on website and banner as a **Bronze Sponsor**.

	ON/BEFORE SEPT 25	AFTER SEPT 25	QTY	FEES
IPAA Member	**$795**	**$995**		$_____
Non-Member*	**$1195**	**$1295**		$_____
Emerging Leader**	**$495**	**$595**		$_____
Spouse/Companion	**$295**	**$395**	____	$_____
Children (16 & younger, includes all functions except Membership Luncheon and Workshops)	**$100**	**$100**	____	$_____

☐ **First-Time Attendee*** *Check here if this is your first IPAA meeting*

* First-time non-members automatically receive a one year membership to IPAA ($750.00 value).

** To register as an Emerging Leader, you must currently be a member of the group or join before submitting the registration form. Please contact leaders@ipaa.org for more information.

EVENT TICKETS

Full registration fees cover the cost of all banquet tickets for you and your registered guest. Only request tickets if you plan to attend.

MONDAY, OCTOBER 28	# TICKETS
Committee Meetings	____
Membership Meeting	____
Welcome Reception	____
TUESDAY, OCTOBER 29	
Prayer Breakfast	____
Membership Luncheon	____
Outdoor Reception and Dinner	____

[ ] I would like to be an individual **Prayer Breakfast supporter** for a donation of _____ (You will receive a separate receipt for this amount and will be contacted for program listing information)

REGISTER TODAY!

- ☒ **ONLINE** www.ipaa.org/events/annual-meeting-2024
- ☒ **EMAIL** meetings@ipaa.org
- ☒ **MAIL** Independent Petroleum Association
  PO Box 79584
  Baltimore MD 21279-0585

NAME _____

TITLE _____

COMPANY _____

ADDRESS _____

CITY/STATE/ZIP _____

PHONE _____

EMAIL _____

ASSISTANT'S EMAIL _____

SPOUSE/COMPANION NAME (if registering for the conference)

_____

CHILD'S/CHILDREN'S NAME AND AGE (if registering/attending any events)

_____

[ ] SPECIAL SERVICES Please check here if you require special accommodations to fully participate, and list any needs and/or specific dietary requirements here:

_____

[ ] COMPLIMENTARY DIGITAL ISSUE OF WORLD OIL

Please Check to opt in. INDUSTRY SECTOR_____

PAYMENT INFORMATION

GRAND TOTAL: REGISTRATION AND FEES $_____

CHECK ENCLOSED $_____

CREDIT CARD ☐ VISA ☐ MASTERCARD ☐ AMEX

CREDIT CARD # _____ EXP. DATE _____

SIGNATURE _____

All cancellations and refund requests must be received in writing. If cancellation is received before October 15, registrant will receive a refund less a $100 processing fee. **We regret that refunds will not be made if cancellation is received after October 15, or for no-shows.**

REGISTRATION CLOSES ON OCT 20, 2024