

## **Registrant Information**

Duplicate this form as needed for additional attendees.

FIRST NAME	LAST NAME		NAME/NICKNAME	
COMPANY	TITLE	TITLE		
ADDRESS				
CITY	STATE	ZIP	EMAIL ADDRESS (for sending registration confirmation)	
BUSINESS TELEPHONE		BUSINESS FAX		

SPECIAL SERVICES: Check here if you require special accommodations to fully participate in this meeting and provide a description in the line below.

REGISTRATION			PAYMENT AND REMITTANCE INFORMATION	
Current IPAA Member (check one)	EARLY BIRD ON OR BEFORE JAN 5 <sup>TH</sup>	REGULAR AFTER JAN5™	PAYMENT	
Member	\$495	\$695	CREDIT CARD AMEX VISA MC	
Non-Members			CREDIT CARD #	
Not a current IPAA Member	\$895	\$1195	EXP. DATE	
			BILLING ADDRESS	
Remittance Information Email your completed form to Brittany Bordelon			CITY,STATE,ZIP	
Email: meetings@ipaa.org Checks can be sent to: IPAA   PO Box 79584   Baltimore, MD 21279-0584 - Be sure to mention 2025 in the memo line			CARDHOLDER NAME	
Registration will close on <b>Friday, January 16th</b> at which time on-site registration prices will increase each category \$100. If you are unable to attend the conference and want to send a colleague in your place, there is a \$25 badge transfer fee.			SIGNATURE	
			CANCELLATION POLICY If cancellation is received in writing before January 5, 2024 registrant is entitled to a full refund less a \$100 processing fee	

If cancellation is received in writing before January 5, 2024 registrant is entitled to a full refund, less a \$100 processing fee. Refunds will not be made if cancellation request is received after January 6 or for no-shows.