

## 2017 ISITN Conference Registration Form

Name \_\_\_\_\_ First Name (for badge) \_\_\_\_\_  
 Title \_\_\_\_\_ Companion (if applicable) \_\_\_\_\_  
 Company \_\_\_\_\_ E-mail \_\_\_\_\_  
 Street Address \_\_\_\_\_ Phone \_\_\_\_\_  
 \_\_\_\_\_ Fax \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_

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Why are you attending this meeting? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Is this your first Networks meeting? \_\_\_\_\_

**Please select network meeting and registration rate and indicate if you will be registering a companion:**

- Member Registration Fee: **\$495 (increases to \$595 after August 10)**
- Non-member Registration Fee: **\$595 (increases to \$695 after August 10)**
- Guest /Companion Fee: **\$100 (covers reception and meals)**
- I will be using one of my organization's at-large complimentary registrations for this event.

**Accommodation:** Please contact Mallory Smith (smith@iriweb.org) to make reservations in the IRI block.

- Special Dietary Requirements:**
- Special Needs (please check here and IRI Staff will contact you)**
- Emergency Contact name and phone number:** \_\_\_\_\_

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Payment Method:  
 Check (enclosed)       Visa       MasterCard       AmEx

Card Number \_\_\_\_\_  
 Expiration \_\_\_\_\_ CVV \_\_\_\_\_ Billing zip code \_\_\_\_\_  
 Name on the card \_\_\_\_\_  
 Signature \_\_\_\_\_

Registration fee	\$ _____
Spouse/Companion	\$ _____
Tour fee (if any)	\$ _____
Total Charges	\$ _____

**Cancellation/Substitute Policy**

Registration cancellation requests will be refunded in full, less a \$50 processing fee. Requests must be made in writing and received 14 days prior to the meeting. No refunds will be issued for cancellations received after 14 days prior to the event. Registration may be transferred to a colleague within your organization at any time and is strongly suggested. Non-attendance will incur the full meeting fee.

Fax registration form to: IRI, Attn: Mallory Smith, 703.647.2581 Email registration form to: [smith@iriweb.org](mailto:smith@iriweb.org)

