



INNOVATION RESEARCH  
INTERCHANGE

Accelerating Value Creation

## 2018 Spring Networks Conference Registration Form

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

\*\*\*\*\*  
**What do you hope to get out of this conference?** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**What will be your primary network?**

- External Technology Network
- Human Resources Network
- Information Services/Information Technology Network
- Innovation Leaders Network
- Intellectual Assets Management Network
- New Business Development Network

**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: **\$675**
- Non-member Registration Fee: **\$860**
- 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](mailto:smith@iriweb.org)) to access IRI group rate.

**Welcome Dinner:** Are you attending the Monday night dinner?  Yes  No

- 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)