

## 2018 Fall Networks 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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### 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: **\$599 (increases to \$699 after August 17)**
- Non-member Registration Fee: **\$749 (increases to \$849 after August 17)**
- Guest /Companion Fee: **\$150 (covers reception and meals)**
- I will be using one of my organization's at-large complimentary registrations for this event.

**Accommodation:** An IRI group rate is available at the Westin Cleveland Downtown. Please contact Bobby McDermott at [mcdermott@iriweb.org](mailto:mcdermott@iriweb.org) for more information.

**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)

### Registration form consent checkbox:

- I give IRI permission to store my information as it is necessary in order to process this registration application form. IRI will not share any personal information without your consent. I understand I can request to have my information removed at any time.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_