

## (Please Print of Type)

Organization: Mailing Address: City: Country: Telephone (with country code): Email Address: Socondary Email Address (if applicable):		State/Province: Zip/Postal Code:	
City: Country: Telephone <i>(with country code)</i> : Email Address:		Zip/Postal Code:	
Country: Telephone <i>(with country code)</i> : Email Address:		Zip/Postal Code:	
Telephone <i>(with country code)</i> : Email Address:			
Email Address:			
Socondary Email Addross <i>(if applicable)</i> :			
Jeconuary Linaii Audress ( <i>II applicable</i> ).			
Emergency Contact Name:			
Relationship with Emergency Contact:			
Emergency Contact Phone Number:			
Distant Destrictions or Crescial Needs			
dividual Registration Rates _ Early Bird (until July 31) \$1	,200 USD	Student	\$800 USD
	,500 USD ,000 USD	Daily Rate (day attending:	\$350 USD

\_ I will **NOT** attend the IASH Awards Dinner

\_\_\_\_\_ My Spouse/Guest will attend the IASH Awards Dinner - \$100 USD/guest (this cost is **NOT** included in your registration fee) Name of Spouse/Guest: \_\_\_\_

## **IASH Privacy Policy**

IASH has developed a Privacy Policy (<u>https://www.iash.net/policies</u>) which discloses how we will utilize your personal data. By answering these questions, you can specify whether you would like to receive marketing communications and limit the publication of your information. Our privacy controls operate on an opt in basis. You can change your preferences at any time where relevant by logging into your membership record via the IASH website (<u>www.iash.net</u>).

Meeting Expectations, our management company, shall only use personal data within the parameters established in our contract with them.

In any case, transactional data may be used to notify you of your successful transactions, updates and cancellations to privacy policy restrictions.

Based on the information above, please answer the following questions:

I would like my contact information to be included in the conference attendee list:	Yes
	No

Keep me informed about upcoming IASH business and events:

Payment Information:  □ Send Invoice/	Wire Transfer	Check (Payable	e to IASH)	Credit Card
Card Type:  □ American Express	Mastercard	🗆 Visa		
Card Number:			-	
Expiration Date:				
Security Code:				
Name on Card:				
Signature:			-	
Total Enclosed: \$				

Refunds will be granted if requested in writing by August 26, 2019

Please submit your completed form to Darnette Holbert via email at <u>dholbert@iash.net</u> or via fax +1 404.240.0998