

Registration Preference

- ☐ Mail/Post to INMA,
P. O. Box 740186,
Dallas, Texas 75374, USA (along with payment)
- ☐ Fax/E-mail to INMA at
+1 214 373-9112 or katy.king@inma.org
(along with payment information)

Delegate Registration

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. ☐ Other _____

First Name _____

Surname/Last Name _____

Title/Function _____

Company _____

Address _____

City _____

State/Province (if applicable) _____

Postal/Zip _____

Country _____

E-Mail _____

Telephone _____

Mobile _____

Registration Rates

	BY OCT 28	AFTER OCT 28
☐ INMA MEMBER	US\$395	US\$495
☐ NON-MEMBER	US\$1,190	US\$1,290

Pricing includes one year of INMA membership

**Contact INMA about group registrations of 10+ people
(only for corporate members of INMA)*

Cancellation

Conference registrations may be cancelled until OCTOBER 28, but are subject to a US\$95 processing fee. No refunds or credits are granted after OCTOBER 28. Substitutions can be made at any time prior to OCTOBER 28.

Payment Method

- ☐ Bank transfer in U.S. dollars to: INMA (Please e-mail katy.king@inma.org for an invoice. *Bank charges and commissions to be paid by sender.*)
- ☐ I have enclosed a cheque/money order in the amount of US\$_____ payable in U.S. funds through a New York Exchange.

☐ Charge my fee to: ☐  ☐  ☐ 

Credit Card Number _____

Expiration _____ Security Code _____

Name on Credit Card _____

Signature _____