

REGISTRATION FORM

PARTICIPANT INFORMATION Please type or print information.

First Name	Last Name		
Title		Designation (e.g., IPMA-CP)	
Agency/Organization			
Mailing Address			
City	State/Province	ZIP/Postal Code	Country
Phone		FAX	
E-mail Address		IPMA-HR Member # (required for all members)	

Check here if you require special accommodations to fully participate or you have special dietary needs. Please attach a written description of your needs. IPMA-HR will make every effort to accommodate your request.

CONFERENCE REGISTRATION FEES Please check the appropriate fee category.

- \$225 Current IPMA-HR members
- \$275 Nonmembers

REGISTRATION AND PAYMENT

Registrations are processed in the order in which they are received. Full payment must be submitted with registrations. Registrations received without payment will not be processed. Payment must be received prior to workshop.

- FAX registration form with credit card information to (703) 684-0948.
- MAIL registration form with payment payable to IPMA-HR, 1617 Duke Street, Alexandria, VA 22314

Check Enclosed (payable to IPMA-HR)

I authorize IPMA-HR to charge \$ _____ to my: MasterCard Visa

Card#	Expiration Date
Name of Card Holder	Signature

Confirmation: We will confirm registration by mail and/or email within 10 days of receipt of your completed registration and payment.

CANCELLATION / REFUND POLICY

- All cancellation requests must be submitted in writing and faxed to (703) 684-0948 or mailed (address above).
- If received in writing before Friday, February 1, 2008, IPMA-HR will refund the registration fee less a \$25 processing fee.
- Registration fees will not be refunded for (1) cancellations received after Friday, February 1, 2008 or (2) no-shows.

SEND REGISTRATION AND PAYMENT TO:
IPMA-HR
1617 Duke Street
Alexandria, Virginia 22314

QUESTIONS ABOUT THE PROGRAM? CONTACT:
Carrie Hoover
Phone: (703) 549-7100 Fax (703) 684-0948
choover@ipma-hr.org