

REGISTRATION FORM PLEASE TYPE OR PRINT CLEARLY.

 Member ISPE ID# _____ First-Time Attendee New Member Substitution _____
 (Complete this if you are substituting for a current event registrant)

First Name _____ MI _____ Last Name _____

Informal Badge Name _____

Job Title _____ Company _____

Business Address _____ Country _____

City _____ State/Province _____ ZIP+4/Postal Code _____

Email Address _____ Business Phone _____ Mobile Phone _____

 Please text me with updates and special offers (standard data rates may apply) Mobile Phone _____

 I wish to keep my data confidential and it is given only for use by ISPE and its Chapters and Affiliates.
 (This excludes you from the conference attendee listing, Member Directory, and Exhibitor List.)

Dietary Requirement(s) Vegetarian Kosher Gluten Free Allergy (please specify) _____

Annual Meeting & Expo Fees*

Please check the appropriate box	In-Person All Access Pass	Virtual All Access Pass	Virtual Essentials Pass
Member	<input type="checkbox"/> \$2,400	<input type="checkbox"/> \$1,680	FREE
Nonmember	<input type="checkbox"/> \$3,000	<input type="checkbox"/> \$2,100	<input type="checkbox"/> \$279
Recent Graduate Member	<input type="checkbox"/> \$1,250	<input type="checkbox"/> \$755	FREE
Academia/Emerging Economy/Government Member	<input type="checkbox"/> \$700	<input type="checkbox"/> \$490	
Student Member	<input type="checkbox"/> \$100	<input type="checkbox"/> \$70	

 *Please visit the conference website for registration package details: <https://ispe.org/AM21>

PAYMENT METHOD

(Registration requires payment attached. Checks must be drawn on a US bank)

 Check enclosed payable in US funds and drawn on a US bank.

Charge to my VISA MasterCard/EuroCard AmEx

 Name of Cardholder _____ Card Number _____
 (as it appears on card)

Card Zip Code _____ Expiration Date _____ CCV _____

Cardholder Signature _____ Date _____

4 WAYS TO REGISTER:
Online: www.ISPE.org **Fax:** +1-813-264-2816
Phone: +1-813-960-2105 **Email:** ask@ISPE.org
CONFIRMATION

You will receive confirmation once full payment is received for this event. If you have requested a proforma invoice please be advised that a credit card guarantee is required to receive a confirmation at the prevailing price. Please be advised that if your payment or written cancellation notice is not received prior to the cancellation date, your credit card will be charged the prevailing rate.

SUBSTITUTIONS

If you are unable to attend, substitutions will be accepted, including on-site, at the prevailing rate. Nonmembers substituting for a member must pay the difference of the nonmember fee. If you are pre-registering as a substitute attendee, indicate this on the registration form.

CANCELLATIONS/REFUNDS

Cancellations must be made in writing. If cancellations are received by 45 days prior to event start date (17 September 2021), a full refund, minus a \$150 handling fee, will be issued. After that time, no refunds will be granted. Please be advised that if your payment or written cancellation notice is not received prior to the cancellation date, your credit card will be charged the prevailing rate.

 Refund requests must be in writing and emailed to ask@ispe.org or faxed to +1 (813) 264-2816. (Telephone messages are not accepted). ISPE reserves the right to modify the material or presenters for this event without notice, or cancel an event. If an event must be canceled, registrants will be notified by ISPE. ISPE will not be responsible for airfare penalties or other costs incurred due to cancellation.

RECORDING/PHOTO RELEASE

ISPE reserves the right to record the sessions and take photographs throughout the conference session for future marketing of ISPE events. By registering for this event, I release ISPE from all claims arising out of the use of the recording/photographs, including without limitation all claims for compensation, liable, invasion of privacy or violation of copyright ownership. Unless approved in writing, recordings are prohibited at all ISPE events.

PROGRAM CHANGES

Program is subject to change. Last minute changes due to functional, private, or organizational needs may be necessary. The event organizer accepts no liability for any additional costs caused by a change of program.

Attendee Signature _____ Date _____

Signature is required to complete registration.