

89th Annual Meeting

NOVEMBER 11-13, 2018
THE RITZ-CARLTON | NEW ORLEANS, LA



▶ REGISTRATION FEES

	QTY.	FEES
IPAA Member 1st & 2nd Attendee from Same Company	\$895	\$ _____
Additional IPAA Member 3rd+ Attendee(s) from Same Company	\$795	\$ _____
Non-Member*	\$1320	\$ _____
Emerging Leaders**	\$525	\$ _____
Spouse/Companion	\$525	\$ _____
Children (17 & younger) (Includes a dinner and two receptions)	\$150	___ \$ _____

▶ BANQUET TICKETS

Indicate below which function you and your registered guest(s) plan to attend. Full registration fees cover the cost of the banquet tickets for each banquet event listed. Kindly do not request tickets if you do not plan to attend. If your spouse/companion and/or children plan to attend any food and beverage functions, we ask that you register them first. Children are welcome to attend all meal functions, with the exception of the Membership Luncheon and Roustabout Dinner.

	# TICKETS
SUNDAY, NOVEMBER 11	
A Night at the National WWII Museum Dinner	_____
MONDAY, NOVEMBER 12	
Prayer Breakfast	_____
Networking Reception	_____
Roustabout Dinner <i>Roustabouts and Registered Spouses/Guests Only. Pre-registration is required as seats are limited.</i>	_____
TUESDAY, NOVEMBER 13	
Membership Luncheon	_____
Fat Tuesday Reception	_____

* First time non-members automatically receive a one year membership to IPAA (\$525 value).
** IPAA Members under 35 (please attach a photo ID with date of birth) to receive the Emerging Leader rate. Includes membership with IPAA.

▶ 3 EASY WAYS TO REGISTER:

- **ONLINE** www.ipaa.org/events/annual-meeting-2018
- **FAX/EMAIL** 202-293-0681 | bgreen@ipaa.org
- **MAIL** IPAA | 1201 15th Street, NW Suite 300
Washington, DC 20005

NAME _____

TITLE _____

COMPANY _____

ADDRESS _____

CITY/STATE/ZIP _____

PHONE _____

EMAIL _____

ASSISTANT'S EMAIL _____

SPOUSE/COMPANION NAME (if registering for the conference)

SPOUSE/COMPANION EMAIL

CHILD'S/CHILDREN'S NAME AND AGE (if registering/attending any events)

[] **SPECIAL SERVICES:** Please check here if you require special accommodations to fully participate and attach a description of your needs/specific dietary requirements.

▶ PAYMENT INFORMATION

REGISTRATION FEES \$ _____

CHECK ENCLOSED \$ _____

CREDIT CARD VISA MASTERCARD AMEX

CREDIT CARD # _____ EXP. DATE _____

SIGNATURE _____