

Tuesday, October 12 | 8:00 AM - 4:00 PM CT

Benefiting the IPAA Educational Foundation

Registrant Information

FIRST NAME		LAST NAME	
COMPANY		TITLE	
ADDRESS			
CITY	STATE	ZIP	
WORK PHONE (DIRECT)		EMAIL	
REGISTRATION FE	E, PAYMENT INF	ORMATION AND REMITTANCE INS	STRUCTIONS
\$225 IPAA Members			
\$275 IPAA Non-Members			
CHECK ENCLOSED \$			
(payable to the IPAA Educational Foundation)			
CREDIT CARD	UISA	Шмс	
CREDIT CARD #			
EXP. DATE	CARDHOLDER NAM	E	
SIGNATURE			
If paying by credit card, en	nail this registration	form to Allie Doremus at <u>adoremus@ipa</u>	<u>ia.org </u> 202-293-0681
		e to the IPAA Educational Foundation a 5th Street, NW Suite 300 Washington, D	
CANCELLATION POLICY All registration sales are final. There will be no re	efunds issued as this class	s accessible from anywhere	