

CONNECT, CULTIVATE, COMMUNICATE



94TH

ANNUAL MEETING

NOVEMBER 6-8, 2023



JW MARRIOTT
RESORT AND SPA,
SAN ANTONIO, TX

WWW.IPAA.ORG/EVENTS

REGISTRATION FEES

	ON/BEFORE OCT 2	AFTER OCT 2	FEES
◆ SPECIAL SPONSOR OFFER! ◆			
IPAA PATRON REGISTRATION \$2,500			\$ _____
Includes one attendee registration and provides company recognition on website and banner as a Bronze Sponsor .			
IPAA Member	\$695	\$795	\$ _____
Non-Member*	\$1095	\$1195	\$ _____
Emerging Leader**	\$395	\$495	\$ _____
Spouse/Adult Family***	\$150	\$250	___ \$ _____
Children (16 & younger, includes all functions except Membership Luncheon and Workshops)	\$100	\$100	___ \$ _____

- First-Time Attendee*** *Check here if this is your first IPAA meeting*
- * First-time non-members automatically receive a one year membership to IPAA (\$750.00 value).
 - ** To register as an Emerging Leader, you must currently be a member of the group or join before submitting the registration form. Please contact leaders@ipaa.org for more information.
 - *** Registration for adult family and non-industry guests. Name Tag will indicate guest. Please DO NOT USE THIS FOR INDUSTRY

EVENT TICKETS

Full registration fees cover the cost of banquet tickets for you and your registered guest. Only request tickets if you plan to attend.

MONDAY, NOVEMBER 6 # TICKETS

Crisis Communications Workshop- Presented by FTI _____

Welcome Reception _____

TUESDAY, NOVEMBER 7

Networking Breakfast _____

Networking Luncheon _____

Outdoor Reception and Dinner _____

WEDNESDAY, NOVEMBER 8

Networking Breakfast _____

Membership Luncheon and Keynote _____

All cancellations and refund requests must be received in writing. If cancellation is received before October 15, registrant will receive a refund less a \$100 processing fee. We regret that refunds will not be made if cancellation is received after October 15, or for no-shows.

REGISTER TODAY!

- ☒ **ONLINE** www.ipaa.org/events/annual-meeting-2023
- ☒ **EMAIL** meetings@ipaa.org
- ☒ **MAIL** IPAA
PO Box 79584
Baltimore MD 21279-0584

REGISTRATION CLOSES ON OCT 25, 2023

NAME _____

TITLE _____

COMPANY _____

ADDRESS _____

CITY/STATE/ZIP _____

PHONE _____

EMAIL _____

ASSISTANT'S EMAIL _____

SPOUSE/COMPANION NAME (if registering for the conference) _____

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 list any needs and/or specific dietary requirements here: _____

PAYMENT INFORMATION

GRAND TOTAL: REGISTRATION AND FEES \$ _____

CHECK ENCLOSED \$ _____

CREDIT CARD VISA MASTERCARD AMEX

NAME ON CARD: _____

CREDIT CARD # _____ EXP. DATE _____

SIGNATURE _____