



June 29 - July 2, 2020 | Houston, Texas USA

REGISTRATION FORM

Above Ground Risk Workshop

Identification, Evaluation & Mitigation

REGISTRANT DETAILS

Send your completed registration form with payment information by fax: +1 281-558-7073 or by email: aipnevents@aipn.org or mail: AIPN, 11111 Katy Freeway, Suite 615, Houston, TX 77079, USA.

Please indicate: Mr. Mrs. Ms. Dr. Prof.

First Name: _____ Surname: _____

Preferred Name (to appear on name badge): _____

Company: _____ Job title: _____

Address: _____

City: _____ State/Province: _____ Postal Code: _____

Country: _____ E-mail address: _____

Telephone (including country code): _____ Fax number (including country code): _____

NON-MEMBERS I consent to receiving information from AIPN on membership or future AIPN events. (You may unsubscribe at anytime.)

WORKSHOP FEES

Your registration includes digital materials, lunches, breaks and a networking reception. Your registration does **not** include hotel and travel accommodations. All fees are in US dollars.

Apply for membership at aipn.org/join-aipn/ before registering and receive member rates! After completing your membership application, send your completed registration form with a note of your pending membership to aipnevents@aipn.org. *All student registrants must email proof of enrollment to aipnevents@aipn.org along with his or her completed registration form.

AIPN MEMBER RATES		NON-MEMBER RATES	
Active Member	<input type="checkbox"/> \$1,800	Non-member	<input type="checkbox"/> \$2,100
NOC/Government Member	<input type="checkbox"/> \$1,100	NOC/Government Non-member	<input type="checkbox"/> \$1,400
Academic Member	<input type="checkbox"/> \$1,100	Academic Non-member	<input type="checkbox"/> \$1,400
Student Member*	<input type="checkbox"/> \$550	Student Non-member*	<input type="checkbox"/> \$700

PAYMENT DETAILS

Please select your method of payment. Contact aipnevents@aipn.org for wire transfer details, additional fees will apply. Checks must be US funds drawn on a US bank and made payable to AIPN.

CREDIT CARD American Express Master Card Visa **WIRE TRANSFER** **CHECK #:** _____

Name (as it appears on card): _____

Credit Card Number: _____ CVV: _____ Expiration date: _____

Cardholder's signature: _____

SPECIAL NEEDS

Please indicate any special dietary needs/allergies or other special needs below.

Please specify: _____

NON-MEMBERS NOTE an online profile will be created for you in order to register you for this event on AIPN's website. This profile will allow you access to the digital materials for this event. AIPN's Privacy Policy may be viewed online at www.aipn.org. **CANCELLATION/REFUND POLICY:** Course fees are refundable until **JUNE 1, 2020** minus a 10% administrative charge. The administrative charge will be based on your registration amount. After that date, fees are non-refundable. Timely delegate substitutions will be permitted. Total amount must be paid in full for registration to be processed. By registering for this event you agree to have your contact information printed in the attendee materials; you may have your photo taken and your likeness may be used in future AIPN promotional materials. If you would like to find out more about how your contact information and photographs of you may be used or to opt out, please contact the AIPN Executive Director at +1 281-558-7715 or john@aipn.org.