



REGISTRATION FORM
Negotiation Skills Workshop

June 18 - 20, 2019 | Houstonian Hotel | Houston, Texas USA

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

Please indicate: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> 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 events. (You may unsubscribe at anytime.)

Workshop Fees - Your registration includes all sessions, digital workshop materials, breaks, lunches, and a Networking Reception as outlined in the workshop program. Your registration does **not** include hotel and travel accommodations. All fees are in US dollars.

Registration Type	by May 21, 2019	after May 21, 2019	Total
AIPN Member	<input type="checkbox"/> \$1500	<input type="checkbox"/> \$1700	
Non-member	<input type="checkbox"/> \$1700	<input type="checkbox"/> \$1900	
NOC/Government/Academic	<input type="checkbox"/> \$850	<input type="checkbox"/> \$850	
Student (Limited to 4)	<input type="checkbox"/> \$400	<input type="checkbox"/> \$400	

Total Fees Due \$

Payment Details - Payment can be made by credit card, check (US funds drawn on a US bank only) or wire transfer. Please make checks payable to AIPN. Contact the AIPN office for wire transfer information: aipnevents@aipn.org, additional fees will apply.

<input type="checkbox"/> I will pay by Credit Card .			<input type="checkbox"/> I will pay by Check . #: _____			<input type="checkbox"/> I will pay by Wire Transfer .		
<input type="checkbox"/> American Express			<input type="checkbox"/> Master Card			<input type="checkbox"/> Visa		
Name (as it appears on card):								
Credit Card Number:						CVV:		Expiration date:
Cardholder's signature:								

Special Needs - Please indicate any special needs below.

Dietary needs/Food allergy:
Other special needs:

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 **May 21, 2019** minus a 10% administrative charge based on your registration amount. After that date, fees are non-refundable. Timely delegate substitutions will be permitted. Please note: Total amount must be paid in full for registration to be processed. Please note that 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.