

## 2017 Model Contracts Workshop



June 19 - 22, 2017 • Oslo, Norway

## **REGISTRATION FORM**

_	or mail: AIPN, 11				information by fax: +1 281-55 SA. PLEASE USE CAPITAL LETT			
Please indicate: Mr. Mrs. Dr. Prof.								
First Name:				Last name:				
Preferred Name (to appear on name badge):								
Company:				Job title:				
Address:								
City: State/Province:			Postal Code:					
Country:	untry: E-mail address:							
Telephone (including country code):								
<b>Workshop Fees</b> - Your workshop registration includes digital materials, lunch, breaks, and the Welcome Reception. Your registration does <b>not</b> include hotel and travel accommodations. <i>If you are a government employee or an academic, please contact AIPN directly to determine if you qualify for special rates (aipnevents@aipn.org or +1 281-558-7715).</i>								
Registration Type		by June 5, 2017		<u> </u>	er June 5, 2017	Total		
AIPN Member		\$1,200		\$1,400				
Non-member		\$1,400		\$1,600				
Student (5 students only)		\$300		\$300				
Speaker		□ \$0		□ \$0				
Workshop Fee Total \$ Printed Workshop Materials								
All presentations and model contracts will be available for download for workshop attendees prior to the workshop. However, if you still would like printed materials please indicate below. You must select this feature to receive a printed set of materials at the workshop.								
Yes, please provide me with printed materials.  No thanks, I will download the documents.								
<b>Welcome Reception -</b> The Welcome Reception is included in your workshop registration, however please indicate if you will be attending. Also, please indicate if you wish to purchase guest tickets.								
Entertainment	Delegate	Guest	# of guests	Nan	ne of guest(s)	Total		
Welcome Reception	\$0	\$50						
Welcome Reception Total \$								
Total fees (Workshop Fees + Welcome Reception) \$								



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<b>Payment Details -</b> Payment can be made by credit card, check ( <b>US funds, drawn on a</b> payable to AIPN. Contact the AIPN office for wire transfer information: accounting@aipn.org							
I will pay by Credit Card. I will pay by Check. #: I will pa	y by <b>Wire Transfer</b> .						
American Express Master Card	Visa						
Name (as it appears on card):							
Credit Card Number:	Expiration date:						
Cardholder's signature: CSC/C	CVV (Card Security Code) Number:						
Special Needs - Please indicate any special needs below.							
Yourself Guest							
Dietary: Vegetarian Gluten free							
Food Allergy (please specify):							
Other special needs:							
☐ ADA Assistance 👃							
Cancellation/Refund Policy: Workshop registration fees are refundable until June 12, 2017 with a \$250 administrative charge. After that date, fees are non-refundable. Timely delegate substitutions will be permitted. Registration is limited to the first 100 registrants (including 5 students).							
Please note: Total amount must be paid in full for registration to be processed. By registering for this event you agree to have your: (i) contact information included in the attendee materials; (ii) your photo taken and your likeness used in future AIPN promotional materials including on the AIPN Web site. 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 aipn@aipn.org.							

Additional questions may be directed to:

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Thank you for registering. We look forward to seeing you at the workshop.