STUDENT SPECIAL!

COMING FULL CIRCLE: COMPASSION • COLLABORATION • CHOICE

2018 CONFERENCE

LOUISVILLE, KENTUCKY, USA

APRIL 19-21, 2018

MARRIOTT DOWNTOWN

2018 CONFERENCE & ANNUAL MEETING REGISTRATION FORM

Special rate valid ONLY if this form is received in the office by 9 April 2018. Submit form via fax (919.459.2075) or by email to info@icea.org. Online registration is not available for this special rate.

REGISTRATION INCLUDES

- A wide variety of education sessions
- Continental breakfast, refreshments, and lunch daily
- Entrance to all receptions hosted by ICEA
- Admission to the Exhibit Hall (per agenda)
- Time for networking with colleagues & industry partners

Please print clearly and keep a copy of the completed form for your records. This information will be used for your name badge, conference mailings, and the participant list.

NAME [AS IT WILL APPEAR ON THE NAME BADGE]: LAST _____ **FIRST** _____

CREDENTIALS [PLEASE LIMIT TO 3] _____ **ICEA MEMBER? ___YES ___NO**

ORGANIZATION [FOR NAME BADGE] _____

MAILING ADDRESS _____

CITY _____ **STATE/PROVINCE** _____ **ZIP/POSTAL CODE** _____

COUNTRY _____ **TELEPHONE** _____**EMAIL**_____

Media Disclaimer: ICEA will photograph conference events and sessions. By registering for the conference, you grant ICEA permission to record, photograph, use, and distribute (both now and in the future) your image, name and voice in all forms and all media pertaining to this conference. **Cancellation and Refund Policy:** All conference cancellations/refund requests must be submitted in writing February 15, 2018 for a full refund less a $75 cancellation fee, by March 15, 2018 for a refund of 50% amount paid. All requests made after March 15, 2018 or "no-shows" are liable for the full registration fee. **Substitution Policy:** Delegates may send a substitute in their place in lieu of requesting a refund, upon prior notification to ICEA. No transfers to other events or invoices. **Special Circumstances:** Refunds may be granted, at the sole discretion of ICEA, if an attendee is unable to attend the conference due to a family death, illness, other extreme circumstances. ICEA must be notified immediately. ICEA retains the right to request a death certificate, physician note, or other information related to the decision.

CONFERENCE REGSITRATION FEES

STUDENT SPECIAL- DAILY RATE

Check the day(s) you will attend:

{ } Thurs., 19-April-2018 { } Fri., 20-April-2018 {)Sat., 21-April-2018

STUDENT* RATE { } US$100**/day

*Please note that appropriate documentation is required.

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PAYMENT INFORMATION

Daily Rate Registration: ___days at US$ _____= US$_____

TOTAL FEE ENCLOSED **US$_____**

PAYMENT METHOD

{ } check { } Visa { } MasterCard

Credit Card # _____ Exp. Date ____ /_____

Signature _____ CVV _____

Checks must be drawn on a US bank account and made payable to ICEA. Purchase orders are not accepted. No registrations will be processed by telephone or without full payment. ICEA is not responsible for any exchange fees.