

# REGISTRATION FORM

ISPA International Congress, Sydney  
 June 12-15, 2001  
 Tel +1 914 921 1550 Fax +1 914 921 1593

Please type/print your name & address as you would like it to appear on your badge and materials.

Name \_\_\_\_\_  
 Job Title \_\_\_\_\_  
 Organization \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 City \_\_\_\_\_ Province/State \_\_\_\_\_  
 Country \_\_\_\_\_ Zip/Post Code \_\_\_\_\_  
 E-mail \_\_\_\_\_  
 Tel \_\_\_\_\_ Fax \_\_\_\_\_

For additional paid reservations (guests or staff members) include Name and Job Title below.

Name \_\_\_\_\_  
 Job Title \_\_\_\_\_  
 Name \_\_\_\_\_  
 Title \_\_\_\_\_

**Congress Registration** Please note that ISPA members and their staff qualify for the member rate.

Quantity Item	Member Reg.	Guest Reg.**	Non Member Reg.
<b>Before May 1</b>	us\$500	us\$300	us\$800
<b>After May 1</b>	us\$575	us\$375	us\$875

**Totals** \_\_\_\_\_

\*\* *Guests are non-professional participants attending two luncheons, Harbour cruise, one evening party and Sydney Opera House performance.*

## Single Day Registration

Circle the Day You Are Ordering

**Tues. June 12** **Wed. June 13** **Thur. June 14** **Fri. June 15**

Quantity Item	Member Day	Guest Day	Non Member Day
<b>Before May 1</b>	us\$250	us\$280	us\$325
<b>After May 1</b>	us\$325	us\$400	us\$475

**Totals** \_\_\_\_\_

## Please Specify Method of Payment

All ISPA charges are expressed in United States dollars. Please see below if paying by cheque or wire transfer.

**I am paying by credit card (circle one)**  
VISA      MASTERCARD      AMERICAN EXPRESS

Amount Paid US\$ \_\_\_\_\_  
 Your Signature \_\_\_\_\_  
 Card Number \_\_\_\_\_  
 Expiration \_\_\_\_\_  
 **My cheque is enclosed for amount**  
 \_\_\_\_\_ currency \_\_\_\_\_

### Please make cheque payable to ISPA Foundation.

When paying in currencies other than US dollars, amounts should be correct for the prevailing exchange rate at the date of issuance of the cheque.

**I am paying by wire transfer**

The transfer must be **fully prepaid** so that the amount received is the correct amount due in **US dollars. If you are not able to arrange for wire and exchange rate charges to be prepaid, please add 5 percent to the amount of the invoice being paid.**

To enable us to correctly identify wire transfer payments, please **fax a copy** of your actual wire transfer order to us at +1 **914 921 1593**. Otherwise we may not be able to properly credit your account.

The bank transfer information is:

**ISPA**  
**Bank of New York**  
**ABA 021-0000-18**  
**Acct. #670-1866-531**

## Is This Your First ISPA Congress?

If you are new to ISPA or our International Congress, we will be happy to pair you with an ISPA member to be your host and to help introduce you to the organization.

**YES, I would like to be paired with an ISPA member.**

1st Language \_\_\_\_\_  
 2nd Language \_\_\_\_\_

### Special Dietary Requirements?

Please specify \_\_\_\_\_

### Accessibility

If you need special accommodations due to disability, please attach a brief description so we can make every attempt to accommodate your needs. An ISPA staff member will contact you before the Congress.

### Deadlines

Conference Registration forms and payment must be received by May 1, 2001 to qualify for the discounted early registration fee. If you are concerned about missing this deadline, please fax your registration, guaranteed by a credit card, to +1 914-921-1593. Forms received after May 1 will be processed at the higher rate.

### Please Note

No refunds can be issued after June 1, 2001. Refunds made before June 1 will be subject to a \$75 service charge.

**Please indicate if you wish to join the guided walk, through the historic Rocks area on day 4.**

**yes**       **no**

**Please mail or fax your order to the ISPA office**



**ISPA, Sydney Congress**  
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