North American Joint Regional Conference

ATTENDEE REGISTRATION

Boston, Massachusetts USA Hyatt Regency Cambridge May 3-6, 2009

PARTICIPANT INFORMATION

☐ Dr. ☐ Ms. ☐ Mr. ☐ ___ ☐ Mrs. Last Name: _____ First Name: _____ M.I. _____

Organization: _____ Position: _____

Address: _____ _____
Street City

_____ _____
State Country Postal Code

Phone: _____ Fax: _____

E-mail: _____ Names of Accompanying Person(s): _____
E-mail of Accompanying Person(s): _____

REGISTRATION FEES

	Before Feb 16, 2009	Before April 3, 2009	After April 3 & On-Site	Payment
☐ IOA or IUVA membership (Discounted rates at conferences and subscription(s) to the publication of your selected association) see www.io3a.org or www.iuva.org	See website(s) for membership fees *Type of membership*_____			_____
☐ Member - Full Registration - **Add $150 for Non-member** (Includes Technical sessions, proceedings, 2 receptions, 2 lunches)	$450	$500	$550	_____
☐ Member - Student Full Registration - Valid Student ID required. (Incl. Tech. sessions, 2 receptions & 2 lunches) - **Add $75 Non-member**	$225	$250	$275	_____
☐ Member - One Day Registration, Monday __ Tuesday __ (Includes Tech. sessions, exhibits and lunch) - **Add $75 for Non-Member**	$250	$275	$300	_____
☐ Exhibits Only, Monday __ Tuesday __	$25/day	$25/day	$30/day	_____
☐ Municipal Operations Workshop – **More Information**	$110	$110	$130	_____
☐ Technical Tours: **Ozone Information** **UV Information**	$45	$50	$60	_____
☐ Sunday UV Workshop **More Information**	$150	$150	$175	_____
☐ Sunday Ozone Workshop **More Information**	$150	$150	$175	_____
☐ Accompanying person registration, with Full Registration (Includes opening reception, exhibits, Spring Fling reception, lunches purchased separately. Accompanying persons that wish to attend technical sessions must purchase a full registration.)	$125	$140	$150	_____
☐ Sunday Opening Reception Tickets Quantity: _____	$55	$65	$75	_____
☐ Monday Spring Fling Reception Tickets Quantity: _____	$55	$65	$75	_____
☐ Lunches, Quantity and Day: M __ T __	$40	$45	$50	_____
**Optional Programs, not included in a Full Registration			Total	_____

METHOD OF REGISTRATION PAYMENT

Registration forms MUST be accompanied with payment to be processed.

☐ Personal Check ☐ Company Check - Make checks payable to IOA or IUVA in U.S. Funds.

☐ MasterCard/Visa ☐ AMEX * add Card billing address if different than above

*Address_____

Credit Card No. _____ Expiration Date _____

Signature_____

Cancellation policy: Full refunds will be provided if notified by April 3, 2009; a 50 percent refund will be provided if notified by April 17, 2009; and no refund will be provided after April 17, 2009.

Register for the conference online or complete this registration form and fax/mail with full payment or credit card information to:

IOA – IUVA 2009
P.O. Box 28873
Scottsdale, AZ 85255
Fax: 480-473-9068

Questions?
www.iuva.org or www.io3a.org
+1 480-544-0105