

INTER-NOISE 2018
26-29 August, 2018
Marriott Downtown, Chicago, Illinois
REGISTRATION FORM
EMAIL TO: IBO@INCEUSA.ORG or FAX TO: 703-435-4390

Name: _____

Company: _____

Address: _____

City/State/Postal Code/Country: _____

email: _____ Phone: _____

___ I am willing to provide my email to vendors.

Registration Type

	By 1 May 2018	After 1 May 2018	Amount
<input type="checkbox"/> Member	\$680	\$700	\$_____
<input type="checkbox"/> Non-member	\$680	\$750	\$_____
<input type="checkbox"/> Number of Additional Papers	\$100ea x #_____		\$_____
<input type="checkbox"/> Number of Additional Proceedings	\$70ea x #_____		\$_____
<input type="checkbox"/> Join INCE + attend INTER-NOISE 2018 at Member Rate	\$680	\$750	\$_____
Join as an INCE Associate. Dues are \$50. Dues for future years are \$125 each. Dues year runs 1 January – 31 December.			
<input type="checkbox"/> Student*	\$100	\$100	\$_____

Addition Registration Options

<input type="checkbox"/> Accompanying Person	\$150	\$150	\$_____
Guest Name for Badge: _____			
Congress Banquet #of tickets _____	\$125	\$125	\$_____

Indicate below if attending the following:

<input type="checkbox"/> Short Course #1: INCE Fundamentals Exam Prep Course Sunday, 26 August (morning and afternoon)	\$200	\$_____
<input type="checkbox"/> Short Course #2: INCE Board Certification Exam (Pre-approved individuals only) Sunday, 26 August (full day)	\$150	\$_____

FUNDS ARE IN US DOLLARS ONLY. Total Due \$_____

*If registering as a student, a student ID is required to pick up your registration material at the Conference.

Special Dietary

____ Yes, I have a dietary restriction of: _____

Privacy

____ Yes, I am willing to share my contact information with exhibitors.

Refund Policy:

No refunds will be issued for cancellations 45 days or less from the opening date of the Conference, even in event of weather or other travel issues.

____ I acknowledge the refund policy

Payment Information

Check _____ Visa Master Card American Express Cash

Name of cardholder: _____

Card # _____ Exp Date: _____

____ Use the same address as above

Billing address for the card: _____

City: _____ State: _____ Zip: _____ Phone: _____

Signature: _____