



REGISTRATION FORM

E-MAIL

E-mail this registration form to katy.king@inma.org.

FAX

Fax this form, along with credit card or bank transfer payment to INMA at +1 214 373-9112. To reach INMA, please call +1 214 373-9111.

COMPANY INFORMATION

Company _____
 Address _____
 City _____
 Country _____
 Telephone _____
 Fax _____

INDIVIDUAL REGISTRANTS (Registration)

Name _____
 Title _____
 E-mail _____
 Mobile _____

Name _____
 Title _____
 E-mail _____
 Mobile _____

REGISTRATION FEES

	<i>By January 10</i>	<i>After January 10</i>
<input type="checkbox"/> January 31 Webinar	\$299	\$399
<input type="checkbox"/> February 28 Webinar	\$299	\$399
<input type="checkbox"/> March 28 Webinar	\$299	\$399

Name _____
 Title _____
 E-mail _____
 Mobile _____

Group Discounts

Group registrations of 10 people or more will receive a 10% discount. Contact INMA for more information.

Name _____
 Title _____
 E-mail _____
 Mobile _____

PAYMENT METHOD

All payments must be in U.S. dollars drawn on a U.S. bank

- I have enclosed a check/money order in the amount of \$ _____
- Please invoice me for bank transfer
- Charge my fee to:
 - MasterCard Visa American Express

Name _____
 Title _____
 E-mail _____
 Mobile _____

Credit Card Number _____

Name _____
 Title _____
 E-mail _____
 Mobile _____

Expiration Date _____

Name _____
 Title _____
 E-mail _____
 Mobile _____

Name on Credit Card _____

Name _____
 Title _____
 E-mail _____
 Mobile _____

Signature _____

Name _____
 Title _____
 E-mail _____
 Mobile _____

REGISTRATION POLICIES

Cancellation/Substitution Policy: No refunds 15 days from first webinar. Substitutions allowed but no refunds after 15th.

Name _____
 Title _____
 E-mail _____
 Mobile _____