

**Part A Registrant / Badge Information**

Please print or type your name exactly as you wish it to appear on your name badge.

Name: (Mr / Ms / Dr) \_\_\_\_\_

Organization / Institute / Company: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip Code / Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_ Fax: \_\_\_\_\_ Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Part B Conference Registration Options**

Please check the appropriate registration fee for the conference. Conference fee includes all materials for the conference, the welcome reception on the 15th, two lunches, coffee breaks between sessions, and the award dinner on the 16th. Non-member registrations include a 2017 WAPOR membership.

WAPOR MEMBER	<input type="checkbox"/> US\$400
TIER A NON-MEMBER	<input type="checkbox"/> US\$525
TIER B NON-MEMBER	<input type="checkbox"/> US\$498.75
TIER C NON-MEMBER	<input type="checkbox"/> US\$462.50
WAPOR STUDENT MEMBER	<input type="checkbox"/> US\$250
STUDENT NON-MEMBER	<input type="checkbox"/> US\$300

US\$ \_\_\_\_\_

**Part C Payment Method**

Please indicate your method of payment below.

Charge payment to the following credit card

VISA  MasterCard  Discover

Card Number: \_\_\_\_\_ CVC \_\_\_\_\_ Exp Date: \_\_\_\_ (MM/YY)

Cardholder's Name (please print) \_\_\_\_\_

Signature: \_\_\_\_\_

Fax to +1 402 472 7727 or email to [renae@wapor.org](mailto:renae@wapor.org)