

ATTENDEE REGISTRATION FORM

Register *online* at www.IBTTA.org/norfolk

1. ATTENDEE INFORMATION *(Please complete one form per registrant.)*

Contact Name _____

Title _____ Name for Badge _____

Organization _____

Email _____

Mailing Address _____

City _____ State _____ Postal Code _____ Country _____

Mobile Phone _____ Office Phone _____

Guest Name _____ Name for Badge _____

I am a first-time attendee. I am interested in joining IBTTA.

2. REGISTRATION FEES *(Registration fees are in U.S. dollars.)*

After June 14, 2019, registrations will only be accepted on-site. If your registration is not confirmed by June 14, 2019, your name will not appear in the final registration list. Registration includes all events listed in the program.

| | FEE | | FEE |
|--|----------------------------------|--|--------------------------------|
| Delegate | <input type="checkbox"/> \$775 | DBE/WBE/MBE/SBE | |
| Delegate Non-Member | <input type="checkbox"/> \$1,275 | Member Delegate**** | <input type="checkbox"/> \$600 |
| Delegate Government* | <input type="checkbox"/> \$600 | Speaker/Moderator | <input type="checkbox"/> \$400 |
| Delegate Non-Member Government* | <input type="checkbox"/> \$900 | Guest** | <input type="checkbox"/> \$375 |
| Exhibit Staff (No Sessions/Booth Only) | <input type="checkbox"/> \$500 | Media*** No Fee. Sessions only. Requires Approval. | |

- * Government rates apply to employees and/or members of governing body of international, federal, state, county, local and provincial governments.
- ** Guest refers to a spouse or personal friend, not a business associate or staff member. Guest rate includes two lunches, a reception and the Monday Evening Event.
- *** Members of credentialed media are welcome to attend sessions only and must check in at IBTTA registration desk. Contact Bill Cramer, Communications Director, bcramer@ibttta.org.
- **** See IBTTA.org/member-categories for eligibility. Only members can register at this rate.

3. TOURS & EVENTS

| | # OF TICKETS | PRICE | AMOUNT |
|---|--------------|---------|---|
| CONFERENCE PLANNING MEETING Saturday, June 22, 2019 10:00am – 3:00pm | | | sign up at www.IBTTA.org/2020meeting |
| SERVICE PROJECT ReStore – HABITAT SHR Sunday, June 23, 2019 8:00am – 4:00pm | _____ | \$50.00 | _____ |
| TECHNICAL TOUR On the Road Monday, June 24, 2019 10:30am – 5:00pm | _____ | \$40.00 | _____ |
| EVENING EVENT Harbor Club Monday, June 24, 2019 6:30pm – 9:30pm | _____ | | included in registration fee |

RETURN THIS FORM ALONG WITH PAYMENT TO IBTTA
1146 19th Street NW, Suite 600
Washington, DC 20036-3725
Fax: +1 (202) 659-0500

*NEED WIRE TRANSFER INFORMATION OR A FORMAL INVOICE?

Registration and tour fees must be paid in full at the time attendees arrive at the workshop. Contact Harry Smith at hsmith@ibttta.org or (202) 659-4620 x10.

GENERAL INFORMATION

Registration fees include all functions on the official program. All employees of an agency or firm are considered "Delegates." In order for names to appear in the official printed registration list, paid registrations must be received at IBTTA by June 14, 2019.

REGISTRATION REFUND AND CANCELLATION POLICY

Full registration refunds less \$75 administrative fee will be made if cancellation is received in writing by IBTTA before June 14, 2019. No refunds will be issued after June 14, 2019. No refunds will be issued for no-shows. Substitutions are allowed at any time.

SPECIAL REQUIREMENTS

If you have special requirements, please attach a separate note of explanation.

PAYMENT SUMMARY

| | |
|----------------------------|-----------------|
| 2 REGISTRATION FEES | \$ _____ |
| 3 TOURS & EVENTS | \$ _____ |
| TOTAL DUE | \$ _____ |

METHOD OF PAYMENT

I wish to use the credit card listed below:

Visa MasterCard American Express

Credit Card Number _____

Exp. Date _____ CVV Number _____

Name on Credit Card _____

Authorized Signature (only if paying by credit card) _____

Billing Address if Different from Attendee Information _____

Check enclosed Bill Me
 Wire Transfer

NOTE: If you would like to have your professional fees billed separately from your personal fees, please contact Harry Smith at (202) 659-4620 x10 or hsmith@ibttta.org.

I have read and understand the payment and cancellation policies outlined on this form.

Signature: _____

Date: _____