

REGISTRATION FORM

93rd IECA Annual Conference

Attendee Information

First Name: _____

Last Name: _____

Name for Badge: _____

Company: _____

Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Work Phone: _____ Cell Phone:* _____

**for emergency purposes only*

I give my permission to publish my cell phone number on the IECA Event Site so other attendees may contact me onsite.

I do not wish to receive electronic communications from third party sponsors of the IECA.

I do not wish to have photographs taken of me during the conference and used for future marketing purposes.

First Time Attendee – First time attending an IECA conference

New Member – New member to IECA in 2017

CRMCP Course Registration

Concepts of Credit and Liquidity Analysis – \$300.00 additional fee (includes course material and certificate of completion.)

PLEASE CHECK THE SESSIONS AND MEALS YOU PLAN ON ATTENDING:

Sunday, October 1

5:30 p.m. – First Time Attendee and New Member Reception

6:30 p.m. – Trade Show and Education Groups Reception

7:30 p.m. – Networking Dinner

Monday, October 2

7:00 a.m. – Breakfast in Trade Show

Tuesday, October 3

7:00 a.m. – Breakfast Session

12:15 p.m. – Networking Lunch and Keynote

5:30 p.m. – Networking Reception in Trade Show

7:00 p.m. – Networking Dinner

Wednesday, October 4

7:00 a.m. – Breakfast

Dietary Needs/Allergies

Gluten-Free Kosher Vegan Vegetarian

Allergic to (please specify): _____

Other _____

American with Disabilities Act

____ Pursuant to the American with Disabilities Act, do you require specific aids or services? If yes, the IECA will contact you to discuss your specific requirements.

Visual Mobile Audio Other _____

Registration Rates

	Early Registration (by August 30)	Regular/Onsite Registration (August 31 – October 4)
Member	\$875.00	\$975.00
Non-Member	\$1,325.00	\$1,400.00
Guest	\$200.00	\$200.00
Guest Name:		
CRMCP Course	\$300.00	\$300.00

Additional Activities

College Football Hall of Fame Tour	\$155.00
Ponce City Market Foodie Tour	\$150.00
The Walking Dead Zombie Tour	\$125.00
IECA Golf Outing	\$135.00
Rental Clubs	\$55.00 LEFT or RIGHT
First Time Attendee/New Member Dinner at Sweet Georgia's Juke Joint	\$60.00

Summary of fees:

\$ _____ + _____ = _____
 Registration Rate Additional Activities Grand Total

Method of Payment

Check made payable to: **IECA**

1120 Route 73, Suite 200

Mt. Laurel, NJ 08054

Check must be made payable in US dollars and drawn on a US bank.

Credit Card

Visa

Mastercard

American Express

Name on Card: _____

Card Number: _____

Expiration Date: _____ Security Code: _____

Signature: _____

IECA Refund & Cancellation Policy

Refunds for cancellation will be granted provided IECA is notified in writing by Friday, September 15, 2017. A cancellation processing fee of \$50.00 will be assessed. For more information regarding administrative policies, such as disputes and refunds, please contact our offices at: 856-380-6854

ADA Statement

ADA accommodations will be made in accordance with the law. If you require ADA accommodations, please indicate what your needs are at the time of registration. We cannot ensure the availability of appropriate accommodations without prior notification.