



INTERNATIONAL ASSOCIATION *of* ASSESSING OFFICERS
85th ANNUAL INTERNATIONAL CONFERENCE ON ASSESSMENT ADMINISTRATION
Sept. 8–11, 2019 – Niagara Falls, Ontario, Canada

REGISTRATION

First Name _____ Middle Initial _____ Last Name _____

Preferred Name for Badge _____

Employer _____ Title _____

Address _____

City _____ State/Province _____ Zip/Postal Code _____ Country _____

Phone _____ Fax _____ E-mail _____

EMERGENCY CONTACT

Name _____ Phone _____

SPECIAL NEEDS - Please e-mail a description by Friday, August 9, 2019 to Rachel Mense at mense@iaao.org.

REGISTRATION TYPE	EARLY BIRD RATE Member	EARLY BIRD RATE Non-Member	AMOUNT
Full Registration	\$645	\$845	
Guest Registration	\$300	\$300	
IAAO Member # _____			TOTAL DUE

Cancellation & Refund Policy - Guarantees for food service, printing, and space rental cannot be changed by IAAO at the last moment. Requests for refunds will be honored, less a \$150 processing fee, only if received in writing by August 9, 2019. No refunds will be made after August 9, 2019. No refunds are given for no-shows. Send your cancellation notice to Rachel Mense at mense@iaao.org, or mail to: IAAO, Meetings Dept., 314 W. 10th St., Kansas City, MO 64105, or fax to 816-701-8149. **Registrations ARE transferrable for \$50.** IAAO will need a completed registration for the new individual a registration is being transferred.

Photo Policy - Registrants of IAAO events agree to allow IAAO and its official photographer to photograph them in the context of the event. Footage captured by IAAO's photographer may be used in future print and electronic promotional and archival materials.

Conference and Event Code of Conduct Policy – IAAO is dedicated to providing a harassment-free event experience for all attendees and has developed a Code of Conduct for events. Please see IAAO website for complete details.

PAYMENT (Registrations are not accepted without full payment.)

Check—Please complete this registration form and mail with check or money order, payable to IAAO in US funds, to the IAAO Lockbox at IAAO, PO Box 29900, Dept. 929, Phoenix, AZ 85038-0900. Sending a check may delay your registration 10-14 business days.

Credit Card—Please complete the authorization information below, print and fax it to 816-701-8149.

VISA MasterCard American Express

Card # _____ Exp. Date _____

Please contact Rachel Mense at 816-701-8109 with credit card info

Cardholder Name _____ CSC Code _____

Your signature below authorizes IAAO to charge the credit card above for the total payment due and acknowledges that you have read and understand the policies noted above.

Signature _____ Date _____