

CONFERENCE REGISTRATION

Last Name _____ First Name _____ MI _____

Title _____

Company _____

Address 1 _____

Address 2 _____

City _____ State/Province _____ Zip/Postal _____

Phone _____ Fax _____

Email _____

**By providing your email address, you grant ARIMM permission to contact you via email regarding your registration as well as ARIMM updates.*

REGISTRATION FEES

Two-day General Admission, includes Friday dinner reception	\$75.00
Two-day General Admission, not including Friday dinner reception	\$60.00
Two-day STUDENT, includes Friday dinner reception	\$50.00
Two-day STUDENT, not including Friday dinner reception	\$35.00

Limited Seating



Student ID _____

School _____

Credit Card Payment: _____ MasterCard _____ Visa _____ Discover *No fax credit card payments accepted.*

Card Number _____ Exp. Date _____

Name (as it appears on card) _____

Company Name (if corporate card) _____

Authorized Signature _____

If you have to cancel: Requests for refunds must be in writing by August 22, 2008, for a full refund minus \$20 processing fee. Submit via email at cenoncr@ipfw.edu, or by fax to 260.481.6949. No refunds will be made after August 22, 2008.

Make checks payable to: **IPFW**
2101 E. Coliseum Blvd.
Fort Wayne, IN 46805

**Please include registrant's name on check.
 Full payment required for payment to be processed.
 Indicate ARIMM on check.*

HOW TO REGISTER FOR THE CONFERENCE

Register Online - <https://learn.ipfw.edu/wconnect/ace/custom/cnf235.htm> Or you can,

1. Send in your completed registration form, along with FULL PAYMENT. You can pay by check or credit card.
International Attendees: International registrations must be paid in U.S. funds, either by credit card or check.

2. Watch your email or mail. A conference registration confirmation will be sent to you.

3. Mailed and Online Registrations accepted if received by Wednesday, Sept. 10.

Walk-in Registrations accepted at the start of the conference on Sept. 12.

You may not receive meal vouchers for lunches or dinner, pending availability.

4. To transfer or change your registration. Send a written request detailing the changes to the ARIMM 2008 Registration address by August 22, 2008. After this date, all changes will be handled onsite and must be submitted in writing.



Return your REGISTRATION FORM and any correspondence to:

IPFW Dept. KT139
 2101 E. Coliseum Blvd.
 Fort Wayne, IN 46805

Phone: 260.481.6619

Fax: 260.481.6949

Email: cenoncr@ipfw.edu