# Registration Form

**Instructions:** Save this form to your computer, complete it electronically, and remit it with your check by **March 21, 2025** to: IRES Foundation • PO Box 17422 • St. Paul, MN 55117. (To pay by credit card, please register online.)

## Registrant’s Information

Please type carefully. Your name and employer will be printed on your name badge exactly as you provide it here.

|  |  |  |
| --- | --- | --- |
| Name (first and last are required)      | Designations      | Job Title      |
| Employer      |
| Address      | City      | State      | ZIP      | This address is for my:[ ]  Work [ ]  Home |
| Email Address (Required)      | This email is for my:[ ]  Work [ ]  Home |
| Please provide at least one phone number: | Work Phone      | Home Phone      | Cell Phone      |
| Affiliation (Required)[ ]  Property & Casualty [ ]  Health[ ]  Life & Annuity [ ]  Other *(please specify):*       | **Are you a first-time attendee?** [ ]  Yes [ ]  No |

## Registration Options

|  |  |  |
| --- | --- | --- |
|  | **Through Jan 31,** **2025:** | **After Jan 31, 2025:** |
| Regulator (Member) | [ ]  $625 | [ ]  $725 |
| Regulator (Non-Member) | [ ]  $700 | [ ]  $800 |
| Industry (Sustaining Member) | [ ]  $925 | [ ]  $1075 |
| Industry (Non-Sustaining) | [ ]  $1325 | [ ]  $1475 |
| Retired | [ ]  $150 | [ ]  $250 |
| Student | [ ]  $125 | [ ]  $175 |
| Guest | [ ]  $125 | [ ]  $175 |

### Receptions

In order to adequately prepare for food counts, please let us know whether you plan to attend the following receptions:

|  |
| --- |
| ReceptionsSunday Evening: [ ]  Yes [ ]  No Monday Lunch: [ ]  Yes [ ]  No Tuesday Evening: [ ]  Yes [ ]  No  |

### Dietary Restrictions

Please list any dietary restrictions/allergies (if applicable).

|  |
| --- |
| Dietary Restrictions      |

### ADA Accessibility

Will you require special assistance at the event?

|  |
| --- |
| ADA Accessibility[ ]  Yes [ ]  No |

### Privacy Options

**Please note:** By the nature of your registration, you are granting permission for your name and basic contact information to be shared with our attendees and exhibitors unless you opt out here.

|  |
| --- |
| Do you permit IRES Foundation to display your name on the attendee list published in the program?[ ]  Yes [ ]  No |

## Registration Policies

### Payment Policy

Payment by check (payable to IRES Foundation) must accompany this form. (To pay by credit card, please register online.)

Registration fees must be paid in full prior to the event. Registrants will not be permitted to attend the event until payment has been made in full.

### Cancellation Refund Policy

|  |  |
| --- | --- |
| **Weeks Before Event** | **Refund Amount** |
| 0-4 | no refund |
| 4-6 | 50% |
| 6-8 | 75% |
| 8+ | 100% |

No-shows will be billed for any unpaid registration fees.

### Photography/Video

PLEASE NOTE: Casual audience photographs and/or video may be taken and utilized for marketing purposes. By nature of your attendance, you are granting permission for your image to be used for our internal promotion as we see fit.