

IAIA'02 REGISTRATION FORM

1 DELEGATE INFORMATION

☐ Mr ☐ Ms ☐ Dr Title _____ IAIA Member ID# _____ Date _____
 First name _____ Last name _____
 Organization _____
 Address _____ City _____
 State/Province _____ Postal Code _____ Country _____
 Phone + _____ Fax + _____ E-mail _____
 I plan to stay at _____ Hotel. (This information is used to estimate room blocks in upcoming years and will not be released.)

2 REGISTRATION FEES

☐ I have already submitted an Early Bird Registration form

	by 28 February	after 28 February	
<input type="checkbox"/> IAIA member	\$450	\$550	\$ _____
<input type="checkbox"/> Non-member	\$530	\$630	\$ _____
<input type="checkbox"/> Renew my IAIA membership for another year			
<input type="checkbox"/> Student member (provide proof of current enrollment)	\$325	\$350	\$ _____
<input type="checkbox"/> Student non-member (provide proof of current enrollment)	\$375	\$400	\$ _____
Subtotal Registration Fee			\$ _____
<input type="checkbox"/> I have already paid an abstract processing fee			- \$60
Total Registration Fee			\$ _____

3 PRE-CONFERENCE TRAINING COURSES

Choice: 1st 2nd

<input type="checkbox"/> 1 Toward Better Practice in EIA	15-16 June	<input type="checkbox"/> <input type="checkbox"/>	\$400	\$ _____
<input type="checkbox"/> 2 Integrated Assessment of Trade	15-16 June	<input type="checkbox"/> <input type="checkbox"/>	\$400	\$ _____
<input type="checkbox"/> 3 Environmental Accounting	15-16 June	<input type="checkbox"/> <input type="checkbox"/>	\$400	\$ _____
<input type="checkbox"/> 4 WB Safeguard Policies	15-16 June	<input type="checkbox"/> <input type="checkbox"/>	\$400	\$ _____
<input type="checkbox"/> 5 Integrating Citizens' Values	15-16 June	<input type="checkbox"/> <input type="checkbox"/>	\$400	\$ _____
<input type="checkbox"/> 6 Integrating EIA, SEA, and SIA	15-16 June	<input type="checkbox"/> <input type="checkbox"/>	\$400	\$ _____
<input type="checkbox"/> 7 Training the HIA Trainer	15-16 June	<input type="checkbox"/> <input type="checkbox"/>	\$400	\$ _____
<input type="checkbox"/> 8 SEA: Key Elements	15-16 June	<input type="checkbox"/> <input type="checkbox"/>	\$400	\$ _____
<input type="checkbox"/> 9 Using Risk as an IA Framework	16 June	<input type="checkbox"/> <input type="checkbox"/>	\$200	\$ _____

4 TECHNICAL VISITS

Choice: 1st 2nd

<input type="checkbox"/> A Development IJburg	15 June	<input type="checkbox"/> <input type="checkbox"/>	# Persons _____ @ \$40	\$ _____
<input type="checkbox"/> B Schelde Estuary	16 June	<input type="checkbox"/> <input type="checkbox"/>	# Persons _____ @ \$40	\$ _____
<input type="checkbox"/> C Rotterdam Port	17 June	<input type="checkbox"/> <input type="checkbox"/>	# Persons _____ @ \$40	\$ _____
<input type="checkbox"/> D Sludge: Lake IJssel	17 June	<input type="checkbox"/> <input type="checkbox"/>	# Persons _____ @ \$40	\$ _____
<input type="checkbox"/> E Floriade	17 June	<input type="checkbox"/> <input type="checkbox"/>	# Persons _____ @ \$40	\$ _____
<input type="checkbox"/> F Dune Water Production	17 June	<input type="checkbox"/> <input type="checkbox"/>	# Persons _____ @ \$40	\$ _____

5 SPECIAL CONFERENCE EVENTS

☐ Opening Reception 17 June # Persons _____ @ no charge
☐ Conference Dinner 20 June # Persons (Delegates) _____ @ \$15 \$ _____
 # Persons (Guests) _____ @ \$40 \$ _____

6 SOCIAL EVENTS

☐ Delft Pottery 18 June # Persons _____ @ \$69 \$ _____
☐ Flower Tour 14 June # Persons _____ @ \$59 \$ _____
☐ Amsterdam Day 22 June # Persons _____ @ \$56 \$ _____



7 TREES FOR TRAVEL

☐ I would like to participate! # Certificates _____ @ \$12.50 \$ _____

8 PAYMENT INFORMATION

Total Registration Fee \$ _____
 Add Total of Activities Fees \$ _____
Total Amount Due \$ _____

☐ Check or money order in US\$ drawn on a US bank enclosed.
☐ Invoice my company. Purchase order # _____
 Attn: _____
☐ I will pay on-site with cash or traveler's check (US\$ or Euro).
☐ I am being sponsored.
 Sponsoring organization _____
 Contact person _____
 Contact person's phone # + _____
 Contact person's e-mail _____

☐ Charge to ☐  ☐ 

 Expiration date ____/____/____ (mm/yy)
 Print name on card _____
 Authorized signature _____

9 SEND REGISTRATION AND PAYMENT TO

IAIA International Headquarters
 1330 23rd Street South, Suite C
 Fargo, ND 58103 USA
 Fax +1 701 297 7917

Questions?
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 info@iaia.org