

# IAIA '03 REGISTRATION FORM

## DELEGATE INFORMATION

[ ] Mr [ ] Ms [ ] Dr Title \_\_\_\_\_ IAIA Member ID# \_\_\_\_\_ Date \_\_\_\_\_

First Name \_\_\_\_\_ Last (FAMILY) 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 future years and will not be released.)

## REGISTRATION FEES

Early Bird Regular Late/Onsite  
by 1 March by 1 April after 1 April

- [ ] **IAIA Member** .....\$400 \$450 \$550  
[ ] Renew my yearly IAIA membership .....\$80  
[ ] **Non-member** .....\$500 \$550 \$650  
[ ] **IAIA Student\* Member** .....\$250 .....\$325 .....\$350  
[ ] Renew my yearly IAIA membership .....\$50  
[ ] **Student\* non-member** .....\$300 \$375 \$400  
[ ] **Abstract Processing Fee only\*\*** .....\$60

\* provide proof of current enrollment  
\*\* full fees are due by 15 April

Registration Fee: \$ \_\_\_\_\_

## PRE-CONFERENCE TRAINING COURSES

- |                                  | Choice:      | 1st | 2nd |                |
|----------------------------------|--------------|-----|-----|----------------|
| [ ] 1. Intro to HIA              | (14-15 June) | [ ] | [ ] | \$400 \$ _____ |
| [ ] 2. EIA Project Management    | (14-15 June) | [ ] | [ ] | \$400 \$ _____ |
| [ ] 3. Integrating EIA, SEA, SIA | (14-15 June) | [ ] | [ ] | \$400 \$ _____ |
| [ ] 4. SEA: Current Practices    | (14-15 June) | [ ] | [ ] | \$400 \$ _____ |
| [ ] 5. Nature and Practice of IA | (14-15 June) | [ ] | [ ] | \$400 \$ _____ |
| [ ] 6. Review of EIA Documents   | (15-16 June) | [ ] | [ ] | \$400 \$ _____ |

## TECHNICAL VISITS (16 June)

- I am interested in: Choice: 1st 2nd
- |  |     |     |          |
|--|-----|-----|----------|
| [ ] A. Marrakech Water Treatment           | [ ] | [ ] | \$ _____ |
| [ ] B. Jbilette Arboretum                  | [ ] | [ ] | \$ _____ |
| [ ] C. Frass-Tifrouine Dryland Development | [ ] | [ ] | \$ _____ |
| [ ] D. Essaouira Windmills                 | [ ] | [ ] | \$ _____ |
| [ ] E. Solar Energy Project                | [ ] | [ ] | \$ _____ |

See the IAIA web site for availability, updated descriptions, and prices.  
If prices are not yet listed, you may still indicate preference and pay later.

How did you hear about IAIA'03? \_\_\_\_\_  
(w)

## SPECIAL WORKSHOP

- [ ] I plan to attend the Capacity Building in Sub-Saharan Africa  
Workshop (15 June)

## SPECIAL EVENTS



- [ ] Opening Reception (16 June) # Persons: \_\_\_\_\_  
[ ] Gala Dinner (19 June) # Persons: \_\_\_\_\_

## SPONSORSHIP

- [ ] I/my company is interested in sponsoring an IAIA conference  
activity. Please contact me.

## PAYMENT INFORMATION

Total Amount Due: \$ \_\_\_\_\_

- [ ] **Check or money order** in US\$ drawn on a U.S. bank and  
payable to "IAIA" enclosed.  
[ ] **Invoice my company.** Purchase order  
# \_\_\_\_\_  
[ ] **I will pay on-site** with cash or traveler's check (US\$ or Dirhams)  
[ ] **I am being sponsored.**  
Sponsoring organization: \_\_\_\_\_  
Contact person: \_\_\_\_\_  
Contact person's phone #: \_\_\_\_\_  
Contact person's e-mail: \_\_\_\_\_  
[ ] **Charge to [ ]**   Expires: \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/yy)  
\_\_\_\_/\_\_\_\_/\_\_\_\_  
Print name on card \_\_\_\_\_  
Authorized signature \_\_\_\_\_

## SEND REGISTRATION AND PAYMENT TO

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Fargo, ND 58103 USA  
Fax: +1 701 297 7917

## Questions?

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