



URISA Leadership Academy
JUNE 11-15, 2012
Hilton Savannah Desoto
Savannah, GA
REGISTRATION FORM

First Name _____ Last Name _____ Credentials _____

Job Title _____

Organization _____

Address _____

City _____ State/Province _____

Zip/Postal Code _____ Country _____

Phone _____ Fax _____

Email _____

Full Academy Registration:

Early Rate (registration received by or on March 1, 2012):

- URISA Member or GISP \$1,200 Nonmember \$1,400

Regular Rate (after March 1, 2012): URISA Member or GISP \$1,400 Nonmember \$1,600

Team Discounts - Save money by registering your entire team at a substantial discount. Discounts apply as follows:

If registering 2-5 individuals from the same organization, each additional registration after the first will be \$1,000 (URISA International Member or GISP) / \$1,200 (Nonmember); If registering 6 or more individuals from the same organization, each additional registration after the first will be \$1,000 regardless of membership and date of registration. Please contact URISA for further group discount details. All team registrations must be for the full Academy and must be submitted together along with payment to receive the discount.

Cancellation & Refund Policy: All cancellations must be received in writing (via fax, e-mail or regular mail) at URISA Headquarters on or before April 25, 2012, in order to receive a refund, less a \$100.00 processing fee. After April 25, 2012, cancelled registrations will not be refunded nor applied to future conferences. There will be a \$50.00 administrative fee for the swapping of Registrants. Note: Discounted Member Rates apply to URISA International members (Chapter membership does not apply).

Photography Policy:

Registering, attending or participating in the URISA Leadership Academy and other associated functions constitutes an agreement by the participant to permit URISA to use and distribute the participant's image or voice in photographs, videotapes, electronic reproductions, audiotapes or use the participant's verbal or written content on the URISA Web site and in future communications.

I have read and agree with this policy.

Method of Payment (in US Funds, drawn on a US bank)

Check Enclosed (payable to URISA) # _____ (\$30 fee for all returned checks)

Purchase Order # _____ (for your accounts payable use only, we do not accept PO's as form of payment)

Please indicate following: MasterCard Visa American Express

Credit Card Number: _____

Expiration Date: _____ Signature: _____

URISA, PO Box 1247, Bedford Park, IL 60499-1247
Fax: (847) 824-6363 for registrations with credit card payment
Questions? Or to register over the phone, call (847) 824-6300 or info@urisa.org