

Biodiversity Symposium registration form

Mainstreaming the Mitigation Hierarchy in Impact Assessment • 14-15 November 2017

1 | DELEGATE INFORMATION

Please fill out form completely. Type or print neatly in BLOCK letters. Be sure to include your name and organization exactly as you would like that information to appear on your delegate badge. Pre-registration and pre-payment by 27 October 2017 is required. Registrations will not be accepted on-site.

Today's date _____ (month)/_____(day)/20____ (year)

Mr Ms First name _____ Last (family) name _____

Title _____ Organization _____

Address _____ City _____

State/Province _____ Postal Code _____ Country _____

Phone + _____ Fax + _____ E-mail _____ @ _____

2 | REGISTRATION FEES (all fees in US\$)

IAIA Member ID# _____ Affiliate ID# _____

IAIA member/Affiliate member..... \$300

Renew my membership, too!

1 Year	<input type="checkbox"/> \$110*	* Price includes electronic access to IAPA.
2 Years	<input type="checkbox"/> \$209*	Contact IAIA HQ for pricing with
3 Years	<input type="checkbox"/> \$308*	paper copies of IAPA.

Non-member..... \$450

3 | POST-SYMPOSIUM TRAINING COURSES

Pre-registration and pre-payment by 2 October is required. After 2 October, registration acceptance is subject to availability, instructor consent, and receipt of payment. Courses may not be switched after 27 October.

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|--|----------------|--------------------------------|
| 1. Using the MH to Mainstream Biodiversity | 16 November | <input type="checkbox"/> \$275 |
| 2. MH for Impacts on Ecosystem Services | 16 November | <input type="checkbox"/> \$275 |
| 3. Multilevel Approach for Infrastructure | 16 November | <input type="checkbox"/> \$275 |
| 4. MH in IA for Conservation & Development | 16-17 November | <input type="checkbox"/> \$475 |

Non-Symposium delegates..... add \$75

4 | SPECIAL EVENT

Welcome reception 14 November Delegate
 Guest

5 | MEAL PREFERENCE

I prefer vegetarian meals. Yes

6 | PAYMENT INFORMATION

* Starred activities are tentative pending sponsorship.

Registration fee US\$ _____

Membership renewal US\$ _____

Training Course fee US\$ _____

Total amount due US\$ _____

Pre-payment by 27 October 2017 is required. Cash payments on-site will not be accepted.

Charge to Visa MasterCard American Express

Expiration date (mo/yr) ___/___/___ CCV/CVV security code _____

Print name on card _____

Authorized signature _____

- Check or money order** in US\$ drawn on a US bank enclosed.
- Wire transfer** in US\$. (Contact info@iaia.org for wire transfer instructions. Registrations will not be processed until full payment has been received.)

7 | SEND REGISTRATION AND PAYMENT

REGISTER ONLINE
conferences.iaia.org/wdc2017

BY E-MAIL
info@iaia.org

BY FAX
+1.701.297.7917

BY POST
1330 23rd St S, Suite C
Fargo, ND 58103 USA

QUESTIONS?
Phone +1.701.297.7908
info@iaia.org