

REGISTRATION FORM

Crowne Plaza Hotel - Orlando Universal

ORLANDO, FLORIDA

January 2-5, 2022

Last Name: _____

First Name & Middle Initial _____

Organization Affiliation: _____

Email: _____ Phone number: _____

Submission Title(s) and Paper Number(s): _____

Appropriate track(s) for your paper _____

Your coauthor(s): _____

Registration Fee:

- Each person attending the conference **must pay** the registration fee.
- Registration fee is US **\$450 by credit card, PayPal, or money transfer (\$425 by check)** per person for one or two submissions if paid by **July 5, 2021**. Each additional submission is \$25.00.
- Late registration fee is US **\$500 by credit card, PayPal, or money transfer (\$475 by check)** per person if paid *after July 5, 2021*.
- Additional proceedings page charge: US **\$10.00** for each page over the limit of 30 single-spaced pages
- Registration fee is US **\$350 by credit card, PayPal or money transfer (\$325 by check)** for a full-time student. Late registration is **\$400** by credit card, PayPal or money transfer (**\$375 by check**)
(Student should attach a letter signed by Department Head verifying full-time status)
- *Registration fee is not refundable*

Method of Payment:

University/College Check _____

Personal Check _____

Money Order _____

Credit Card (Please fill out following information)

- Master Card
- Discover
- Visa
- American Express

Credit Card Number: _____

Credit Card Expiration Date: _____

Credit Card Billing Address: _____

Authorized Name: _____

Signature: _____

Authorized Registration Fee to be Charged:

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- *Registration fee is not refundable*
- Please make your payment payable to **IABPAD** and mail it with the registration form to:

Dr. Raja Nassar, Conference Chair
IABPAD,
P. O. Box 295
Ruston, Louisiana 71273

- Please indicate if you wish to serve as: ___ Discussant ___ Session Chair

If yes, indicate your area of interest _____

- Do you want a vegetarian meal? _____ Yes _____ No

Name:
Signature