

# **REGISTRATION INFORMATION (one form per person)**

Name:			
Last/Family	First/Given	Middle	Credentials
Name you want printed on your name badge:			
Organization Affiliation	Job Title		
Home Address Line 1 Home Address Line 2			
City	J.S State/ Canadian I	Province Int'l State	/ County/ Province (Non US/Canada)
Postal/Zip Code Country			
Work Phone Hom	e Phone	Ce	II Phone
Fax E-ma Emergency Contact Name	il		
Emergency Contact Phone			
Registration	FEE	US \$799.00	
Total Attendance Fees:			
METHOD OF PAYMENT (Payments must be received in United States Dollars)			
CASH \$			
CHECK			
# \$			
Please make checks payable to Sigma Theta Tau International.			
CREDIT			
Account Number	-	-	-
1			
Exp. Date (month/year)			
CCV Security Code (three-digit code on the back of your card)			
PRINT NAME ON CARD			

# TERMS AND CONDITIONS

### **Cancellations and Balance dues**

- All cancellations must be received in writing (letter or email).
- If you are unable to attend, you may make a one-time substitution to another person at no additional charge.
  - The cancellation of a pre-paid registration received either electronically or via mail on or before Friday, 24 August 2018 will be refunded, minus an administrative fee of US \$75.
- No registration refunds will be issued for cancellations that are received or postmarked Saturday, 25 August 2018 or after.
- If a cancellation request is received or postmarked Saturday, 25 August 2018 or after for a registration that was not pre-paid, an invoice will be issued and due for the full registration fee.

If a registration fee is left unpaid and has a balance due on or after Friday, 24 August 2018, Sigma has the right to cancel the registration and the attendee will be responsible for any increased amount onsite. On-site Payments

• Should you choose to pay at on-site registration, you will be charged the applicable on-site rates.

### Mobile App, Photo & Video Release

I permit the Honor Society of Nursing, Sigma Theta Tau International to take still photographs and/or video footage of me for educational or scientific purposes. I understand that the pictures belong to STTI, and I will not receive payment or any other compensation in connection with these pictures. I release the honor society from any and all liability which may or could arise from the taking or use of these pictures. I also give my permission for staff and STTI to publish my image and registration information in print or electronic forms, online and within the STTI event mobile app.

## You must sign below to accept all the Terms & Conditions

#### SIGNATURE

## **RETURN FORM AND PAYMENT TO**

Sigma Theta Tau International, ATTN: IGHL Emerging 2018 Registration 550 West North Street Indianapolis, IN 46202 USA Fax: +1.317.634.8188 (If faxing this form for credit card payment, DO NOT MAIL ORIGINAL.)

#### Questions:

Toll free: 888.634.7575 (US/Canada) or +1.317.634.8171 (International) E-mail: <u>ighl@stti.org</u>