



REGISTRATION INFORMATION *(One form per person.)*

Name: _____
 Last/Family First/Given Middle Credentials

First name as you would want it to appear on your name badge: _____

Organizational affiliation: _____ Job title: _____

Home Address Line 1: _____

Home Address Line 2: _____

City: _____ State/Province: _____ Int'l State/Province (Non-US/Canada): _____

Postal/ZIP Code: _____ Country: _____

Work Phone: _____ Home Phone: _____ Cell Phone: _____

Fax: _____ Email: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

Registration Fee	US \$799.00
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METHOD OF PAYMENT *(Payments must be received in US dollars.)*

CASH: \$ _____

CHECK: \$ _____ Check Number: _____

Please make checks payable to Sigma Theta Tau International.

CREDIT CARD: ☐ Visa ☐ Mastercard ☐ Discover ☐ Sigma Bank of America Mastercard

Card Number:

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Exp. Date: _____ Month/Year CCV Security Code: _____ Three-digit code on back of 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 Wednesday, 16 October 2019 will be refunded, minus an administrative fee of US \$75.
- No registration refunds will be issued for cancellations that are received or postmarked Thursday, 17 October 2019 or after.
- If a cancellation request is received or postmarked Thursday, 17 October 2019 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 Wednesday, 16 October 2019, 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 Sigma Theta Tau International Honor Society of Nursing to take still photographs and/or video footage of me for educational or scientific purposes. I understand that the pictures/videos belong to Sigma, and I will not receive payment or any other compensation in connection with these pictures/videos. I release the honor society from any and all liability which may or could arise from the taking or use of these pictures/videos. I also give my permission for staff and Sigma to publish my image and registration information in print or electronic forms, online, and within the Sigma event mobile app.

Please sign below to accept all the Terms & Conditions.

Signature

RETURN FORM AND PAYMENT TO

Sigma Theta Tau International
IGHL 2019 Registration
550 W. North Street
Indianapolis, IN 46202
USA

QUESTIONS

Toll free: 888.634.7575 (US/Canada) or +1.317.634.8171 (International)

Email: ighl@sigmanursing.org