AICI GLOBAL CONFERENCE VIRTUAL June 2-5, 2021

INSPIRE

Bigger Ideas. Bigger Business. Greater Impact.

2021 CHAPTER REGISTRATION

CHAPTER GROUP RATE - REGISTRATION FORM

JUNE 2-5, 2021 | VIRTUAL

GUIDELINES

- The Chapter Group Rate requires **a minimum of 10 people** from the same Chapter to register for the conference.
- Registration and payment will be done directly through the Chapter.
- Payment from the Chapter is due in full at the time of registration (no split-pay options) and it is **NON-REFUNDABLE.**
- Once a Chapter submits their registration to AICI, additional members cannot be added to the registration.
- Members taking advantage of the Chapter Group Rate, **MUST be in good-membership standing** at the time of registration AND when the conference occurs. If a member fails to pay their membership dues prior to the conference, and no longer has good-standing in their membership, they will NOT be allowed to attend.

LEVEL	PRICE
CHAPTER GROUP RATE	☐ $99 USD per person

#OF MEMBERS X $99 = TOTAL: $ _____

CHAPTER LIAISON CONTACT INFORMATION

Please complete with the information of the individual completing the registration form.

First and Family/Surname (Last) Name _____

Member ID _____

Chapter _____

Position _____

Email _____ Phone _____

☐ I affirm that the attendee information below is accurate and follows all guidelines related to the Chapter Group Rate.

PAYMENT OPTIONS

☐ Visa

☐ MasterCard

☐ American Express

☐ Discover

☐ Paypal

Payment directions and a link will be sent after this form is received and attendee membership is verified.

EMAIL this completed form and payment to:
AICI | conference@aici.org | PHONE: +1 651.290.7468

PLEASE DO NOT EMAIL FORMS WITH CREDIT CARD INFORMATION. To protect your data and to comply with PCI standards, the AICI office will not accept emailed credit card information.

(For office use only)

initials		fin.
date		
CK/CC		
amt. paid		
bal. due		

GROUP MEMBER/ATTENDEE INFORMATION:

1. First and Family/Surname (Last) Name _____

Member ID _____

Company Organization _____

City/ State/ Country _____

Email _____ Phone _____

2. First and Family/Surname (Last) Name _____

Member ID _____

Company Organization _____

City/ State/ Country _____

Email _____ Phone _____

3. First and Family/Surname (Last) Name _____

Member ID _____

Company Organization _____

City/ State/ Country _____

Email _____ Phone _____

4. First and Family/Surname (Last) Name _____

Member ID _____

Company Organization _____

City/ State/ Country _____

Email _____ Phone _____

5. First and Family/Surname (Last) Name _____

Member ID _____

Company Organization _____

City/ State/ Country _____

Email _____ Phone _____

6. First and Family/Surname (Last) Name _____

Member ID _____

Company Organization _____

City/ State/ Country _____

Email _____ Phone _____

7. First and Family/Surname (Last) Name _____

Member ID _____

Company Organization _____

City/ State/ Country _____

Email _____ Phone _____

GROUP MEMBER/ATTENDEE INFORMATION:

8. First and Family/Surname (Last) Name _____

Member ID _____

Company Organization _____

City/ State/ Country _____

Email _____ Phone _____

9. First and Family/Surname (Last) Name _____

Member ID _____

Company Organization _____

City/ State/ Country _____

Email _____ Phone _____

10. First and Family/Surname (Last) Name _____

Member ID _____

Company Organization _____

City/ State/ Country _____

Email _____ Phone _____

11. First and Family/Surname (Last) Name _____

Member ID _____

Company Organization _____

City/ State/ Country _____

Email _____ Phone _____

12. First and Family/Surname (Last) Name _____

Member ID _____

Company Organization _____

City/ State/ Country _____

Email _____ Phone _____

13. First and Family/Surname (Last) Name _____

Member ID _____

Company Organization _____

City/ State/ Country _____

Email _____ Phone _____

14. First and Family/Surname (Last) Name _____

Member ID _____

Company Organization _____

City/ State/ Country _____

Email _____ Phone _____