

2019 Attendee Registration Form



QRCA Annual Conference | January 30-February 1, 2019 | Savannah, GA

Form also online at www.qrca.org/event/2019annualconference. Payment MUST accompany form to secure spot.



Name _____
 Company _____
 Address _____
 City _____ State/Province _____
 Country _____ Zip/Postal Code _____
 Phone _____
 Email _____
 Accessibility and/or Dietary Needs _____

THREE WAYS TO REGISTER:

- 1) Visit www.qrca.org/2019 to fill out conference registration online.
- 2) By mail: Be sure to include your check or credit card information. Fill out and mail this form to QRCA: 1000 Westgate Drive, Suite 252 St. Paul, MN 55114 USA
- 3) By fax: Be sure to include your credit card information. Fill out and fax this form to 651-290-2266.

REGISTRATION FEE INCLUDES:

- Three FULL days of workshops
- Online access to all session materials
- Breakfast, lunch and break refreshments on Wednesday, Thursday and Friday afternoons
- Wednesday Welcome Reception
- Thursday Night Event
- Access to the sponsor Marketplace
- A list of attendees and sponsors
- A chance to meet with friends, new and old

Cancellation Policy: To receive a 100% refund less a \$25 processing fee, all cancellations must be received using the form at www.qrca.org/cancellation by December 3, 2018. Cancellations between December 4 – December 21 will receive a 50% refund. After December 21, no refund will be offered. QRCA reserves the right to alter or cancel without prior notice any of the arrangements relating directly or indirectly to the conference. QRCA will not accept liability for any losses and/or damage attendees may suffer on account of alteration or cancellation. Please note: Your completion of registration indicates your permission to be photographed and recorded.

Note: Please do not send credit card information via email to protect your data. Per standard by the Payment Card Industry, QRCA has met the requirements of the Payment Card Industry-Data Security Standards (PCI-DSS).

	Earlybird <i>(on or before December 12)</i>	I would like to split my payment <i>(additional 50% will be charged on November 30)</i>	Regular <i>(after December 12)</i>
Member:	<input type="checkbox"/> \$945	<input type="checkbox"/> \$472.50	<input type="checkbox"/> \$1,095
NewQ / Grad Student:	<input type="checkbox"/> \$475	<input type="checkbox"/> \$237.50	<input type="checkbox"/> \$625
Non-Member:	<input type="checkbox"/> \$1,395	<input type="checkbox"/> \$697.50	<input type="checkbox"/> \$1,545

- Additional Guest for Wednesday Welcome Reception – \$50
 Additional Guest for Thursday Night Event – \$125

Please include guest name(s) here: _____

NEW MEMBERS attending the conference for the first time receive a 25% discount on their conference registration. Contact assistantexdir@qrca.org to receive your discount promo code. Restrictions apply.

GDP DISCOUNT: QRCA offers a discount of 20% for qualitative researchers in countries with a per capita GDP of less than \$30,000. If you qualify, please email assistantexdir@qrca.org for your discount code.

- This is my first QRCA conference and I want to be linked with an Ambassador to make this conference even richer
- I have prior conference experience and would love to help a First-Timer get connected by being an Ambassador
- I will attend the Thursday morning Healthy Connections
- I will attend the Friday morning Healthy Connections
- I am planning to arrive Tuesday and am interested in attending the Early Arrivals Dinner
 If yes, my preferred Early Arrivals dinner time is: 6:15pm 7:30pm

PAYMENT INFORMATION

- Enclosed is my check for \$ _____ USD (made out to QRCA)
 American Express Visa Mastercard

If paying by credit card, all of the following fields are required.

Card Number _____
 Exp. Date _____ Security Code _____
 Phone _____
 Printed Name _____
 Signature _____
 Billing address same as above Other:
 Address _____
 City _____ State/Province _____
 Country _____ Zip/Postal Code _____

Complete this form and mail/fax to the QRCA office:

1000 Westgate Drive, Suite 252
 St. Paul, MN 55114 U.S.A.
 Phone: 651-290-7491 or 888-674-7722 Fax: 651-290-2266

(For office use only)

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