



WORLDWIDE CONFERENCE ON QUALITATIVE RESEARCH
ATTENDEE REGISTRATION FORM



Note: All pricing is in USD
 Payment must accompany form to guarantee a spot

MAY 20-22, 2020
BRUSSELS BELGIUM

Registration Rates

	Non-Member	QRCA Member	Student/Recent Graduate
Full Conference (on or before April 8)	<input type="checkbox"/> \$1,500	<input type="checkbox"/> \$1,200	<input type="checkbox"/> \$500
Full Conference (after April 8)	<input type="checkbox"/> \$1,650	<input type="checkbox"/> \$1,350	<input type="checkbox"/> \$650
One Day Only	<input type="checkbox"/> \$850	<input type="checkbox"/> \$700	<input type="checkbox"/> \$300
Social Event Guest (includes Wednesday Reception and Thursday Dinner)	<input type="checkbox"/> \$150	<input type="checkbox"/> \$150	<input type="checkbox"/> \$150

GDP 25% discount: QRCA offers a discounted rate for qualitative researchers in those countries with a per capita GDP of less than \$30,000. If you qualify for the GDP discount, please email sarahe@qrca.org for your 25% off discount code which you can apply to the online conference registration form.

GRAND TOTAL: \$

Contact Information

Name: _____
 Organization: _____
 Address: _____
 City: _____ State/Province: _____
 Zip/Postal Code: _____ Country: _____
 Phone with country code: _____
 Email: _____

If Social Event Guest option was selected, please provide guest name: _____

Dietary Restrictions: Vegetarian Kosher Gluten-free Dairy-free Other: _____

Area of Profession: Qualitative Researcher Research Buyer Academic Setting Other

If you are attending ONE DAY ONLY, which day will you attend? Thursday Friday

Payment Information

Check (made payable in USD to QRCA) Visa MasterCard American Express

Complete this section if paying by credit card (all fields are required)

Credit card number: _____

Cardholder's name (printed): _____

Expiration Date: _____ Security number: _____

Signature: _____

Credit Card Billing Address (please note that credit card information should not be emailed)

Same as address above Different (please fill in below)

Address: _____

City: _____ State/Province: _____

Zip/Postal Code: _____ Country: _____

Please mail or fax this form to: Worldwide Conference on Qualitative Research

1000 Westgate Drive, Suite 252, St. Paul, MN 55114 USA

Fax: (651) 290-2266

Questions? Contact Sarah at sarahe@qrca.org

Cancellation Policy: To receive a 100% refund less a processing fee of \$25, all cancellations must be submitted at www.qrca.org/cancellation by April 6, 2020. Cancellations received between April 7-April 13 will receive a 50% refund. After April 13, there will be no refund 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. 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).

(For office use only)

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CK/CC		
amt. paid		
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