

PRSSA 2017 NATIONAL CONFERENCE

Oct. 6–10 • Boston, Massachusetts

<http://prssa.prsa.org/events/Conference/>

Complete this form or visit the PRSSA website to register for Conference. You may copy this form to distribute to members. Fill out one form for each attendee. Payment must accompany form. Incomplete forms will not be processed.

Send completed form and payment to
 PRSSA National Conference Fax: (212) 460-5460
 411 Lafayette Street, Suite 201, New York, NY 10003

Conference questions: (212) 460-1474
Registration questions: (800) 350-0111
 Registration cannot be processed by phone.

DEADLINE: FRIDAY, Sept. 8 (Register early; space is limited.)

Type or print only. Registration confirmation will be mailed seven business days from date received. Include your complete address.

First Name _____
 Last Name _____
 Twitter Handle _____
 College/University _____
 Address _____
 City, State, Zip _____
 Mobile Phone _____
 Email _____

Preferred First Name for Badge _____
 Are you a Chapter President? YES NO
 Do you plan to attend the PRSSA Awards Ceremony and Dinner on Monday, Oct. 9, 6–8:30 p.m.?
 UNSURE YES NO
 Do you plan to attend the Farewell Breakfast on Tuesday, Oct. 10, 8–9:15 a.m.?
 UNSURE YES NO

	EVENT DATE	MEMBERS & AFFILIATES	NON-MEMBER
FULL REGISTRATION	Oct. 6 – 10 (five days)	<input type="radio"/> \$310	<input type="radio"/> \$345
DAY REGISTRATION <i>(If you can't attend the full Conference, you may register for a single day.)</i>	Friday, Oct. 6	<input type="radio"/> \$185	<input type="radio"/> \$195
	Saturday, Oct. 7	<input type="radio"/> \$185	<input type="radio"/> \$195
	Sunday, Oct. 8	<input type="radio"/> \$185	<input type="radio"/> \$195
	Monday, Oct. 9	<input type="radio"/> \$185	<input type="radio"/> \$195

PRE-REGISTRATION REQUIRED EVENTS <i>(Optional; Space is limited)</i>	CAREER TOURS	FIRESIDE CHAT	RESUME CRITIQUE
	<input type="radio"/> Friday, Oct. 6, 10 a.m.–2 p.m.	<input type="radio"/> Saturday, Oct. 7, 12–1:15 p.m.	<input type="radio"/> Friday, Oct 6, 3 p.m.–6:30 p.m.

Special Needs: If you have special needs, such as physical or dietary restrictions, that may affect your participation in this event, check here. PRSSA will contact you to discuss accommodations.

EMERGENCY CONTACT:

Full Name _____
 Relationship _____
 Mobile Phone _____

REFUND POLICY

For a full refund, PRSA must receive your cancellation in writing, by (not postmarked) Sept. 18, 5 p.m. EST at:
 PRSSA National Conference, Fax: (212) 460-5460
 411 Lafayette Street, Suite 201, New York, NY 10003
 A \$135 refund for a full registration and a \$70 refund for a day registration is offered Sept. 18 to Sept. 25, 5 p.m. EST.
NO REFUNDS AFTER 5 P.M. EST ON Sept. 25

PAYMENT BY: Check VISA MASTERCARD AMERICAN EXPRESS

Please charge credit card no. _____ Expiration _____

Signature _____

Your signature indicates that you agree to pay above total amount according to card issuer agreement.