

# *International Planning History Society*

## **REGISTRATION INSTRUCTIONS**

- All attendees are required to register and pay the appropriate registration fee to attend.
- Use the registration form on the next page, and separate registration form for mobile tours to complete your registration.
- The Registration office will be close at 5:00pm on July 2<sup>nd</sup>. The on-line registration will also close at 5:00pm on July 2<sup>nd</sup>. Registrations faxed or mailed to arrive at the Registration office after July 2<sup>nd</sup> will not be available for staff to process. Please bring your documentation with you and register when you arrive in Chicago.
- Disability – please call 1.850.385.2054 no later than one week prior to the conference so we can arrange to assist you.

### **PAYMENT METHOD**

- We accept VISA and MasterCard charges. The IPHS does not accept American Express or Discover charge cards.
- Make checks (US currency only) payable to IPHS.
- If you require an invoice for a purchase order, please make this notation obvious on the registration form.

### **CANCELLATION POLICY**

Prior to June 9, with a request for refund received in writing, we will deduct a \$50 processing fee. After June 9 we cannot refund. Please send a written request for refund to the IPHS Registration office by U.S. mail or email, [iphs@comcast.net](mailto:iphs@comcast.net). The refund request form can be found at the IPHS web site.

### **CHANGING YOUR ADDRESS OR EMAIL ADDRESS?**

When we need to contact you, we do so using the information you provided on your conference registration form which can be several months out-of-date by the time of the event. It is very important that you let us know if you have moved or will move prior to the event. Please let us know of any changes to your name, mailing address, telephone number and email address by sending a note with your new information to [iphs@comcast.net](mailto:iphs@comcast.net).

### **MOBILE TOURS**

Please complete the separate registration form for mobile tours.

## **~~~~~NOTE DIFFERENT DEADLINES! ~~~~~**

### **Completed Papers – June 9**

Send completed papers to your assigned discussant by this deadline.

### **Refund Requests – June 9**

Deadline for receipt of written request for registration refunds. After June 9th we cannot refund.

### **Hotel Registration – June 9**

We strongly recommend making hotel reservations well in advance of this deadline!  
A link for your on-line hotel registration is provided at the IPHS Conference web site.

### **Registration Office will be closed July 2**

Print this registration form, complete and bring it with you to Chicago. We'll take care of you when you arrive.

# International Planning History Society

## 2008 Registration Form

Email this form as a PDF: [iphs@comcast.net](mailto:iphs@comcast.net)  
 By mail: 6311 Mallard Trace Drive, Tallahassee, FL 32312 USA  
 By fax: 1.850.385.2084

### Personal Information

**I require:**

Vegetarian Meals                       Vegan Meals  
 Handicap Accessibility               Other - describe \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Nickname for Badge \_\_\_\_\_  
 Institution \_\_\_\_\_  
 Department \_\_\_\_\_  
 Select One:             Home Address             Work Address  
 Street Address or PO Box \_\_\_\_\_  
 City State \_\_\_\_\_ Province \_\_\_\_\_ ZIP/Postal Code \_\_\_\_\_ Country \_\_\_\_\_  
 Work  Home  Cell \_\_\_\_\_ Preferred Email \_\_\_\_\_  
 Attending Spouse/Guest Name for Name Badge \_\_\_\_\_

### Calculating your Conference Registration Fee

ALL registration fees include **Friday Opening Reception**, Saturday and Sunday continental breakfast, beverage breaks and the Saturday luncheon. Registration fees do not include the Saturday dinner.

<input type="checkbox"/> IPHS/SACRPH Members	<b>After May 1</b> \$340	Total \$ _____
<input type="checkbox"/> Non-members	\$380	Total \$ _____
<input type="checkbox"/> Students IPHS/SACRPH	\$245	Total \$ _____
<input type="checkbox"/> Non-member Students	\$265	Total \$ _____

Friday Opening Reception **Guest** Ticket                      \$40            x # People            \_\_\_\_\_ = Total \$ \_\_\_\_\_  
 Saturday Dinner Ticket – University Club of Chicago            \$60            x # People            \_\_\_\_\_ = Total \$ \_\_\_\_\_

**GRAND TOTAL \$ \_\_\_\_\_**

### PAYMENT ::::::::::::::

Check enclosed made payable to IPHS.  
 Purchase Order Attached # \_\_\_\_\_. Please invoice (provide name and contact information of person we should send an invoice to: \_\_\_\_\_)

Which Card?     VISA             MasterCard  
 Credit Card # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ \*Security code \_\_\_\_\_ Expiration \_\_\_\_\_ / \_\_\_\_\_  
 Name on card \_\_\_\_\_ Signature \_\_\_\_\_

\* Additional security measure sometimes required by the credit card processor. The code is the last three digits in the signature box on the back of your card.