

#### Remit your registration form and full payment via:

Fax: +1 603.427.9249, or mail/email: Event Registrar 75 Rochester Ave., Portsmouth, NH 03801 USA <u>Contact us</u>

Payment must be received with your registration to guarantee your space.

# **Registration Form**

Please check one: IAPP Member Nonmember

Full Name: Organization:

Job Title: Address:

City/State/Province: Zip or postal code/Country:

Email: Work Phone: Mobile Phone:

(provide for better mobile app experience)

Is this your first time attending an IAPP conference? Yes No

Is this your first time attending the IAPP Data Protection Intensive: France? Yes No

How did you hear about the IAPP Data Protection Intensive: France 2023?

Which best describes your industry?

Which best describes your level within your organization?

What is the total number of employees in your organization (full-time and part-time)?

I Agree to the IAPP Conference Terms and Conditions. Read the statement here: <a href="mailto:iapp.org/conference/iapp-data-protection-intensive-france/general-information-dpifr23/">iapp.org/conference/iapp-data-protection-intensive-france/general-information-dpifr23/</a>

Please indicate any special dietary needs: Vegetarian Vegan Kosher Dairy-Free Gluten Free

We will do our best to accommodate the dietary restriction(s) listed above, but if you have a special allergy not listed here, please contact us.

#### **PROGRAMS**

### Please select one of the programs:

French program English program

### NOTICE REGARDING DELEGATE INFORMATION

Exhibitors and major sponsors are permitted to mail delegates *one* pre- and *one* post-conference mailing. Delegate names and mailing addresses are sent directly to a bonded mail house. Exhibitors and sponsors DO NOT have access to the data.

## Please select one:

Yes, I opt-in to receive pre/post conference mailings

No, I do not wish to receive pre/post conference mailings

The IAPP provides delegates and sponsors with the delegate roster, which includes full name and organization provided at registration. If you wish to be included on this delegate roster, please opt-in here. Please note the deadline to appear on the roster is 7 March 2023.

Yes, I opt-in to be included on the delegate roster

No, I do not wish to be included on the delegate roster

#### **SEE NEXT PAGE**

### **CONFERENCE REGISTRATION**

### 14-15 March

|               | Early Bird Rate<br>Until 16 Dec. | Regular Rate<br>After 16 Dec. |
|---------------|----------------------------------|-------------------------------|
| IAPP Member   | 795€                             | 895€                          |
| Nonmember     | 945€                             | 1045€                         |
| Public Sector | 445€                             | 445€                          |
| Academic*     | 425€                             | 425€                          |

<sup>\*</sup>Full-time university professor or student; please contact us to request this rate.

## **Special Group Rate**

When five or more from your organization attend our main conference, each person will save 100€ off the early bird or regular member and nonmember rates. Please <u>contact us</u> to see if you qualify. **You must contact us prior to registering**. This discount is not retroactive and not valid for public sector or academic rates. If a minimum of five people have not registered before the conference, you will be responsible to pay the full balance without the discount.

#### **IAPP MEMBERSHIP**

The IAPP's extensive member benefits include discounted pricing on event registration. To become a member or renew, please <u>contact us</u> before registering.

| Professional membership/renewal                           | \$275 USD |
|---|-----------|
| Government, Not-For-Profit and Higher Education employees | \$100 USD |
| Student (must be enrolled full-time)                      | \$50 USD  |

Corporate memberships are available. Learn more.

### **REGISTRATION**

A valid IAPP account is required to register for this event. If you do not have an account, click here to create one.

**SEE NEXT PAGE** 

#### **PAYMENT**

Payment must accompany your registration form.

| Credit card:   | <b>Credit card</b> : Charge€ to the following: |   | ollowing:  |
|----------------|--|---|--|
|                |  | American Express                              |  |
| Card number:   |  |   |  |
| CVV security   | code:  |   |  |
| Expiration dat | e:   |   |  |
| Cardholder's ı | name:  |   |  |
|                |  |   |  |
| Wire Transf    | fer  |   |  |
| Euro Wire Tra  | ansfer Informati                               | on:   |  |
| IBAN: BE11     | 3631 5870 2548                                 |   |  |
| BIC Code: BI   | BRUBEBB  |   |  |
|                | name and ema                                   | ACT INFORMATION<br>il address of the individu | al responsible for reconciling accounting and/or invoice |
| Name:          |  |   |  |
| Email:         |  |   |  |

### **IMPORTANT REMINDERS**

### **Method of Payment**

Make payment by wire transfer, Mastercard, Visa, American Express or Discover. Credit card information must be provided to secure your registration. To pay by wire transfer, please <u>contact us</u>.

# **Refunds and Cancellations**

Executed registration form, online registration and email confirmation constitute binding agreement between two parties. Registration fees are not refundable but are transferable to a person in the same company, pending IAPP approval. No refunds are given for no-shows or cancellations. Program subject to change.