Remit your registration form and full payment via:
fax: +1 603.427.9249, or mail:
Event Registrar
75 Rochester Ave., Portsmouth, NH 03801 USA
Payment must be received prior to the event date to guarantee your space.

Registration Form

Please check one:  □ IAPP Member  □ Nonmember
Full Name: ________________________________ Organisation: ________________________________
Job Title: ________________________________ Address: ________________________________
City/State/Province: __________________________ Zip or postal code/Country: __________________
Email: ________________________________ Telephone: __________________ Fax: __________________

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

How did you hear about the IAPP Data Protection Intensive: Deutschland 2020? __________________

What best describes your industry? _________________________________

Which best describes your level within your organisation? _________________________________

Keep your data accurate?  □ Yes! Please use this information to update my IAPP profile.
View our privacy notice at iapp.org/about/privacy-notice/

First name or nickname (for your badge): ______________________________________________

Please indicate any special dietary needs: _______________________________________________

We will do our best to accommodate the dietary restrictions listed above but if you have a specific allergy not listed here, please contact events@iapp.org

PROGRAMMES

Please select one of the programmes:

□ German programme
□ English programme

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 with the delegate roster, which includes full name and organisation provided at registration. If you wish to be included on this delegate roster please opt-in here:

□ Yes, I opt-in to be included on the delegate roster  □ No, I do not wish to be included on the delegate roster

(continued on next page)
MAIN CONFERENCE REGISTRATION*  9–10 September

<table>
<thead>
<tr>
<th></th>
<th>Early Bird Until 24 April</th>
<th>Regular Rate After 24 April</th>
</tr>
</thead>
<tbody>
<tr>
<td>IAPP member:</td>
<td>€795</td>
<td>€895</td>
</tr>
<tr>
<td>Nonmember:</td>
<td>€945</td>
<td>€1,045</td>
</tr>
<tr>
<td>Public Sector:</td>
<td>€445</td>
<td>€445</td>
</tr>
<tr>
<td>Academic*:</td>
<td>€425</td>
<td>€425</td>
</tr>
</tbody>
</table>

*Full-time university professor or student. Please email us at events@iapp.org to request this rate.

Special Corporate Rate*
When five or more people from your organisation attend our conference, each person can save 100€ off the regular conference rate. (Discount applicable on standard member and non-member rates.) Please email us at events@iapp.org to see if you qualify. **You must contact us prior to registering.**

*Excludes privacy training.

IAPP MEMBERSHIP REGISTRATION

<table>
<thead>
<tr>
<th>Membership/Renewal</th>
<th>Individual membership/Renewal</th>
<th>$275 USD</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Public-sector, higher education and not-for-profit employees</td>
<td>$100 USD</td>
</tr>
<tr>
<td></td>
<td>Student (must be enrolled full-time)</td>
<td>$50 USD</td>
</tr>
</tbody>
</table>

PAYMENT
Payment must accompany your registration form.

- ☐ Credit card: Charge €__________________ to the following:
  - Visa
  - Mastercard
  - American Express
  - Card number: _____________________________________
  - CVV security code: _________________________________
  - Expiration date: ___________________________________
  - Cardholder’s name: _________________________________
  - Cardholder’s signature: ______________________________

- ☐ Wire Transfer

  *VAT is not charged on event registrations. No VAT invoice will be issued.

PAYMENT REMITTANCE CONTACT INFORMATION
Please provide the name and email address of the individual responsible for reconciling accounting and/or invoice related questions.

Name: __________________________________________
Email: __________________________________________

IMPORTANT REMINDERS

Method of Payment
Make payment by wire transfer, Mastercard, Visa or American Express. Credit card information must be provided to secure your registration. To pay by wire transfer, please email events@iapp.org.

Refunds and Cancellations
Executed registration form, online registration and e-mail 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. Programme subject to change.