

ISM Workshop Registration Form

DATE: _____ **PLEASE REGISTER ME (US) for the following ISM Workshop(s):**

SCHOOL INFORMATION	School Name: _____
	Address: _____
	City: _____ State/Province: _____ Zip/Postal Code: _____ Country: _____ School Phone () _____
	School Website _____

ATTENDEES	1) Workshop Name _____ Dates _____
	Name _____ Name for Name tag _____ Tuition \$ _____
	Phone () _____ Job Title _____
	Email _____
	Years of private-independent school experience in that position _____
	2) Workshop Name _____ Dates _____
	Name _____ Name for Name tag _____ Tuition \$ _____
	Phone () _____ Job Title _____
	Email _____
	Years of private-independent school experience in that position _____
	3) Workshop Name _____ Dates _____
	Name _____ Name for Name tag _____ Tuition \$ _____

PAYMENT	<input type="checkbox"/> Check enclosed <input type="checkbox"/> Full Payment <input type="checkbox"/> Bill my school	Total \$ _____
	<input type="checkbox"/> Please call me to pay by credit card Phone Number () _____	

SUBMISSION	Mail, fax, or phone your registration to: ISM Event Experience Manager • 1316 North Union St., Wilmington, DE 19806 WEB: isminc.com PHONE: (302) 656-4944 FAX: (302) 656-0647 E-MAIL: workshops@isminc.com (please do not send credit card information via email)
	<i>At ISM, we guarantee the quality of our workshops. If you are not satisfied with your session, ISM will credit the fee you paid toward another similarly priced workshop, or will refund it. Consent to Use of Photo/Video/Audio Registration, attendance at, or participation in ISM workshops and other activities constitutes an agreement by the registrant to ISM's use and distribution (both now and in the future) of the registrant or attendee's image or voice in photographs, videos, electronic reproductions, and audio of such events and activities.</i>

PAYMENT/CANCEL POLICY	Tuition Payment Policy — Tuition must be paid in full 10 business days prior to the start date of the in-person, group-based program. An attendee with a balance due on the start date of the program may be denied entrance to the program until the balance is paid in full.
	Cancellation Policy — Cancellation requests must be made in writing by emailing workshops@isminc.com, faxing to 302-646-4944, or mailing to: 1316 N. Union Street, Wilmington, DE 19806. Cancellation must be received more than 15 business days before the start of the program for a full refund. Member Gold Dollars will also be fully refunded. There will be no refund for cancellation requests received less than 15 business days before the start of the program. Non-payment of tuition or no-show to the event does not constitute a cancellation. Full tuition will be due and payable. The school may substitute another attendee from the school or bank the funds for a future ISM registration. Please contact the Event Experience Manager for more details.
	I have read and agree to the ISM workshop payment and cancellation policy above. _____ Participant's Signature Head's signature if using Member Gold Dollars or is to be billed Date