



ISPA's 23rd INTERNATIONAL CONGRESS SÃO PAULO BRAZIL: IMMERSION IN DIVERSITY

The International Society for the Performing Arts (ISPA) develops, nurtures, energizes and educates an international network of arts leaders and professionals who are dedicated to advancing the field of the performing arts.

Thank you for your interest in attending the International Society for the Performing Arts' (ISPA) 23rd International Congress in São Paulo, Brazil. Please take a moment to review the following information before completing the registration form.

Registration Process:

- Please complete a separate registration form for each attending person.
- You will receive a confirmation email from an ISPA staff member once your registration has been processed.
- Once registered, your name will be added to the delegate list which may be found on the Congress website. The delegate list will be posted after Wednesday, April 8, 2009 and thereafter will be updated weekly.
- **Early Bird Registration will close at 1700 EST on Friday, April 3, 2009.**
- Regular registration will close at 1700 EST on Friday, May 29, 2009. Registrations received after this time will be processed onsite beginning at 830 UTC-3 on Monday, June 8, 2009, where full payment will be accepted in cash or check (Brazilian Reais - R\$) only.

Registration Form Instructions:

- Please complete Sections I – III of the Registration Form included below.
- Please make sure that all parts of this registration form are complete and return it with your payment to Taylor Harris via email, fax or mail:

Email to: tharris@ispa.org
(Please include "Congress Registration" in the subject line)
Fax to: (212) 206-8603
Mail to: International Society for the Performing Arts
Congress Registration
305 7th Avenue, 5th Floor
New York, NY 10001-6008 USA

- Please note that any information not provided in full will cause delays in processing your registration.

Section I: Registration Items and Fees Please select the appropriate registration item(s) listed below.

X	Item	Early Bird Fee Before April 4, 2009	Regular Fee On/After April 4, 2009
ISPA Members: All Members, Affiliate Members, and Members of Staff (*See Note 1) in good standing			
<input type="checkbox"/>	Full Pass (includes opening/closing cocktail and awards dinner)	675	775
<input type="checkbox"/>	Student Member Full Pass	250	250
	Day Passes – Check appropriate days (*See Note 2)	(per day) 275	(per day) 300
<input type="checkbox"/>	Wed, June 10	<input type="checkbox"/>	Thu, June 11
<input type="checkbox"/>	Fri, June 12	<input type="checkbox"/>	Sat, June 13
New Members: Includes annual Membership and a full pass congress registration – a savings of \$250.00!!!			
<input type="checkbox"/>	Small (Annual budget below \$750,000)	1,000	1,100
<input type="checkbox"/>	Medium (Annual budget between \$750,000 and \$4,000,000)	1,210	1,310
<input type="checkbox"/>	Large (Annual budget over \$4,000,000)	1,465	1,565
Non-Members: Consider becoming a new member and benefit from a savings of \$250.00!!!			
	Day Passes – Check appropriate days (*See Note 2)	(per day) 350	(per day) 350
<input type="checkbox"/>	Wed, June 10	<input type="checkbox"/>	Thu, June 11
<input type="checkbox"/>	Fri, June 12	<input type="checkbox"/>	Sat, June 13
Guest Items:		Fee (US Dollars)	Qty
<input type="checkbox"/>	Closing Cocktail and Awards Dinner/Dance Ticket	100	
Name of Guest(s): _____		Total Due (US Dollars): _____	

ProEx Exhibition: Delegates registered for a full pass or a day pass for June 12 may have a free space for table-top displays. Would you like to be provided with a free space? ☐ Yes ☐ No, thank you. ☐ N/A

Please list any dietary restrictions: _____

Section II: Contact Information Please complete this section clearly and accurately.

LAST NAME (SURNAME)	FIRST NAME (GIVEN NAME) – As you would like for it to appear on your badge
ORGANIZATION NAME / JOB TITLE – As you would like for it to appear on your badge	
ADDRESS	CITY / STATE / POSTAL CODE / COUNTRY
PHONE (COUNTRY CODE - CITY/AREA CODE - LOCAL #)	FAX (COUNTRY CODE - CITY/AREA CODE - LOCAL #)
EMAIL	WEBSITE

Section III: Completing your Registration Please select one of the payment options listed below (credit or check).

A. Credit: Please charge my (mark one): ☐ VISA ☐ MasterCard ☐ American Express

NAME ON CARD – If different from name in Section II	CARD NUMBER
EXPIRATION DATE	CVV NUMBER (*SEE NOTE 3)
SIGNATURE (*SEE NOTE 4)	DATE

☐ **B. Check** enclosed (US Dollars only, please): Please make checks payable to "ISPA"

***Notes:**

- All members are entitled to bring Members of Staff at a member rate (registered separately).
- Day Passes (limited availability) DO NOT include access to social activities. Social activities include the Closing Cocktail and Awards Dinner and Dance on June 13.
- For VISA/MasterCard, the three-digit CVV number is printed on the back of the card, in the signature panel, and appears immediately after the card's account number. For American Express, the four-digit CVV number is printed on the front of the card, just above and to the right of the card's account number.

Questions? Please contact Taylor Harris at (212) 206-8490 x202 or tharris@ispa.org

ISPA Internal Use Section		
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Congress Registration Form

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4. If filling out this form electronically, by typing your name in the signature box, you are authorizing ISPA to charge the card listed above the amount noted as "Total Due" in Section I of this application.