

REGISTRATION FORM

PRE-REGISTRATION DEADLINES:
May 5, 2025 – Presenters
May 28, 2025 – Non-presenters

INSTRUCTIONS

1. A separate form must be completed for each registration. Please photocopy this form if you need additional copies.
2. Fields marked with * are required to process registration.
3. Register immediately online OR complete this form and submit it for processing.
4. Forms received without payment after May 28, 2025, will be charged the on-site registration fees.
5. To register as a member, you must have activated or renewed your 2025 membership by the time you register. If you wish to join the Association to take advantage of the lower member registration fee, please pay your dues prior to time of registration. Membership applications are available online at <https://www.iadr.org/membership>.
6. Requests for registration refunds must be received in writing by the pre-registration deadline date of May 28, 2025 (refund minus \$50 cancellation fee), and refunds will be processed AFTER the meeting. A \$20 processing fee will be deducted for any changes to existing registrations, such as from non-member to member registration rate.
7. By registering, you agree with the following policies:
 - I have read and understand the [IADR Professional Conduct at Meetings Policy](#)
 - I have read and understand the [Cancellation and Refund Policy](#)

REGISTER ONLINE
www.iadr.org/2025iags

RETURN TO
 IADR Global Headquarters
 1619 Duke Street
 Alexandria, VA 22314 USA

FAX
 +1.703.548.1883

QUESTIONS:
 Tel: +1.703.548.0066
 Email: registration@iadr.org

REGISTRANT INFORMATION

Are you a Member? NO YES, ID# _____

Are you an Abstract Presenter? NO YES, Abstract Control ID# _____

(If you are a co-author, lunch & learning session, hands-on workshop, or symposia speaker, please select 'No')

Accessibility Needs: NO YES, please select all that apply: AUDIO MOBILITY VISUAL

Option Add your pronoun(s) to your badge (she/her/hers, he/him/his, they/them/theirs, etc.) _____

*First Name _____

*Last Name _____

Institution/Company _____

*Street Address 1 _____

Street Address 2 _____ *City _____

*State/Province _____ Postal Code _____ *Country _____

Telephone _____ Fax _____

*Email _____

*Emergency Contact's Full Name _____

*Emergency Contact's Telephone Number _____

ACCOMPANYING PERSON(S)
\$84.70* x _____ people= \$_____

AP 1. First Name _____ Last Name _____

AP 2. First Name _____ Last Name _____

Note: Meeting delegate's students, lab technicians, colleagues, past IADR members, co-authors, etc., do not qualify as a accompanying persons and are required to pay the appropriate registration fee if they wish to attend.

**Fee includes 21% Spanish government Value Added Tax (VAT)*

INVITATION LETTER

Yes, I require an official letter of invitation to initiate the visa process.

Full Name on Passport _____

Delegate's Date of Birth _____ Passport # _____ Nationality _____

AP 1: Date of Birth _____ Passport # _____ Nationality _____

Full Name on Passport _____

AP 2: Date of Birth _____ Passport # _____ Nationality _____

Full Name on Passport _____

Only registered delegates and accompanying persons attending the General Session are eligible to receive invitation letters. All invitation letters will be sent via email. If you require a printed letter, please contact registration@iadr.org.

Additional fees may apply.

REGISTRATION FEES PER PERSON**All prices are in US Dollars and include 21% Spanish government Value Added Tax (VAT)***PRE-REGISTRATION* (until May 28, 2025)**

Member/Affiliate Member \$859.10

5+ Years Continuous Member \$774.40

Non-member \$1,530.65

Student Member \$429.55

Student Non-member \$768.35

Retired Member \$429.55

ONSITE REGISTRATION* (after May 28, 2025)

Member/Affiliate Member \$980.10

5+ Years Continuous Member \$895.40

Non-member \$1,651.65

Student Member \$490.05

Student Non-member \$828.85

Retired Member \$490.05

SUBTOTAL: _____

TOTAL AMOUNT DUE: \$ _____**PAYMENT INFORMATION**

Check for \$ _____ Enclosed (must be payable to IADR, in US dollars and drawn on a US bank)

Charge for \$ _____ (VISA, Mastercard, or American Express only)

Card # _____ Exp Date: _____ CVV: _____

Cardholder's Name (print): _____

Signature _____

BILLING INFORMATION same as page 1

Street Address _____

City _____ State/Province _____

Country _____ Postal Code _____

IADR reserves the right to review each registration for the appropriateness of the selected registration category, make any necessary corrections and charge your credit card the difference in registration fees. For example, a full-time faculty member that chooses the Accompanying Person or Student rate will be corrected upon review.