



Association of International Petroleum Negotiators

## Dispute Resolution in the International Oil & Gas Business

November 9 - 10, 2017 | JW Marriott Hotel | Mexico City, Mexico

### REGISTRATION FORM

**Registration Information** - Send your completed registration form with payment information by fax: +1 281-558-7073, email: [aipnevents@aipn.org](mailto:aipnevents@aipn.org) or mail: AIPN, 11767 Katy Freeway, Suite 412, Houston, TX 77079, USA. PLEASE USE CAPITAL LETTERS ON THIS FORM.

Please indicate: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Prof.		
First Name:		Last name:
Preferred Name (to appear on name badge):		
Company:		Job title:
Address:		
City:	State/Province:	Postal Code:
Country:		E-mail address:
Telephone (including country code):		Fax number (including country code):


**Conference Fees** - Your registration includes all conference sessions, materials, lunch, coffee breaks and a networking reception. Your registration does **not** include hotel and travel accommodations.

Registration Type		Total
AIPN Member	<input type="checkbox"/> \$650	

**Payment Details** - Payment can be made by credit card, check (US funds drawn on a US bank only) or wire transfer. Please make checks payable to AIPN. Contact the AIPN office for wire transfer information: [accounting@aipn.org](mailto:accounting@aipn.org), additional fees will apply.

<input type="checkbox"/> I will pay by <b>Credit Card</b> . <input type="checkbox"/> I will pay by <b>Check</b> . #: _____ <input type="checkbox"/> I will pay by <b>Wire Transfer</b> .		
<input type="checkbox"/> American Express	<input type="checkbox"/> Master Card	<input type="checkbox"/> Visa
Name (as it appears on card):		
Credit Card Number:	CVV:	Expiration date:
Cardholder's signature:		

**Special Needs** - Please indicate any special needs below.

Dietary: <input type="checkbox"/> Vegetarian <input type="checkbox"/> Kosher <input type="checkbox"/> Gluten-Free
Food Allergy (please specify):
Other special needs:
<input type="checkbox"/> ADA Assistance?  Please specify:

**Cancellation/Refund Policy:** Registration fees are refundable until October 25, 2017 with a \$150 administrative charge. After that date, fees are non-refundable. Timely delegate substitutions will be permitted. Please note: Total amount must be paid in full for registration to be processed. Please note that by registering for this event you agree to have your contact information printed in the attendee materials; you may have your photo taken and your likeness may be used in future AIPN promotional materials.