

INDIVIDUAL GUEST REGISTRATION

Please complete this section carefully.

Guest First Name _____ Guest Last Name _____
Name of Registered Attendee _____
Address _____
City _____ State/Province _____
Country _____ Zip/Postal Code _____
Phone (____) _____ Email _____

Mail, fax, or email registration form to: **IPPA Fourth World Congress on Positive Psychology**
14607 Felton Ct, Suite 116 Apple Valley, MN 55124
Tel: 888-389-9687 Fax: 952-892-3313
Email: info@ippanetwork.org

INDIVIDUAL GUEST CHOICES

Thursday June 25th Keynote Lecture \$150.00
Thursday June 25th Reception \$85.00
Thursday June 25th Reception & Keynote Lecture \$199.00

Total: \$ _____

PAYMENT INFORMATION

Payment in full is required at the time of registration.

Check is enclosed in US funds (payable to IPPA) Visa Mastercard American Express
 Discover

Card Number _____

Expiration Date _____

CSV (Security Code) _____

Print name as it appears on card

Cardholder's Signature _____

Date _____

Your signature authorizes your credit card to be charged the total payment above. IPPA reserves the right to charge the correct amount if different from the total payment listed above.