Organization Name (“Firm”)

Contact Name

Contact Title Contact E-mail

Street Address Contact Phone

Address Line 2 Contact Fax

City/State/Zip Web Site URL

**HOTEL INFORMATION**

Workshop Venue: Hotel name and address.

Please support the workshop by staying at the host hotel. ITEA has negotiated a block of rooms at the Government rate. Please specify that you will be attending the ITEA Event when booking your reservation to receive the reduced rate.

**Fees and Payment**

In return for Firm’s guarantee of a **minimum number of twenty-five (25) registered attendees** for the EVENT NAME, ITEA agrees to extend to all attendees registered from Firm the special registration fee of **$295 per person** (Regular Registration fee - $845). ***NOTE: This special Group Registration Fee DOES NOT include ITEA Annual Membership Dues.***

Registrations from Firm must be submitted on a Master List form, which must include full contact information, including email address, for each individual. The initial Master List of attendees is due to ITEA by at least 30 days prior to event start date. All registrations from Firm must be made on the Master List—***No individual registrations will be accepted under this agreement****.*

Fifty-percent (50%) of the minimum guaranteed registration fees are due with submission of this agreement. Balance of 50% of the minimum guaranteed registration fees, along with the $295 registration fee for additional attendees beyond the minimum guarantee of fifty (50) registrations, is be due by 30 days prior to event start date.

**SUBSTITUTION AND CANCELLATION POLICY**: Substitutions are permitted. Refunds are not available within ten (10) days prior to the start of the event. Requests for cancellation submitted between ten (10) to 45 days prior to start date of the event will be subject to a $250 cancellation fee. Requests for cancellation greater than 45 days prior to the start date of the event will be subject to a $100 cancellation fee.

**Minimum Guarantee Registration Fees**: Twenty-five (25) Attendees at $295 per Attendee = **$7,375**

**50% payment is due with submission of this agreement: $3,687.50** (Balance of $3,687.50 due by September 22, 2017.)

[ ]  Check Enclosed [ ]  P.O. Number\_\_\_\_\_\_\_\_ Credit Card: [ ]  VISA [ ]  MasterCard [ ]  American Express

Card No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration Date\_\_\_\_\_\_\_\_\_\_\_\_\_ Security Code\_\_\_\_\_\_\_\_\_\_

Name on Card:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mail or Fax Contract/Payment**

International Test and Evaluation Association (ITEA), 4400 Fair Lakes Court, Suite 104, Fairfax, VA 22033. Fax: 703-631-6221

Agreed to by Firm: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agreed to by ITEA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_