



ISPP
International Society
of Political Psychology

ISPP Annual Meeting Registration Form

Rome, Italy July 4-7, 2014

Discounted Prices: Postmark by May 8, 2014

Pre-Registration: Materials received by May 15, 2014

Name _____

Institutional/Employer affiliation _____

Billing address _____

City _____

State, ZIP /postal code, Country _____

Telephone, Fax _____

Email _____

Conference Registration (*indicate number of persons, per category*)

_____ Early Members – prior to May 15 (must be current paid ISPP members;
status will be verified) \$280 USD

_____ Member Late (must be current paid ISPP members; status will be verified)
..... \$345 USD

_____ Early Non-members – prior to May 15 \$430 USD

_____ Non-member Late..... \$495 USD

_____ Student Non-member..... \$150 USD

_____ Student Member..... \$100 USD

_____ Other/Guest (no institutional affiliation)..... \$150 USD

TOTAL amount remitted..... _____

Receptions/Events (indicate number of registrants per event)

_____ Junior Scholar Social Hour (for Junior Scholars only), Complimentary (1 drink, hors d'oeuvres)

_____ Opening Reception, Complimentary (1 drink, hors d'oeuvres)

_____ John Sullivan Symposium & Reception, Complimentary (1 drink, hors d'oeuvres)

_____ Awards Ceremony and Reception, Complimentary (1 drink, hors d'oeuvres)

_____ Mentoring Luncheon (for Junior Scholars only), Complimentary (lunch)

- Please Note: Selecting this option does not guarantee your participation in this event. Based on availability, you will be sent a follow-up email by the luncheon organizers to confirm your participation. If you have questions, contact the organizers, Laura Taylor and Gary Smith, at ispp.mentoringtea@gmail.com.

Please list any food allergies or special accommodation needs in the meeting rooms:

Payments

All payments must be by credit card or in US dollars by personal check, international money order, or bank draft. (All registrations at the ISPP member rate will be subject to verification by the ISPP membership database for current dues status.)

Method of payment

Check # _____ (Make payable to ISPP)

Cash Credit Card: VISA Mastercard

Name as it appears on card_____

Approval (Signature)_____

Card number_____

Expiration Date_____ CID_____

Send completed forms/payments to:

ISPP, P.O. Box 1213, Columbus, NC 28722 USA

*ISPP reserves the right to deny registration or to remove an ISPP conference attendee at any time, for reasons, in its sole discretion, it deems sufficient.

Liability Release, Waiver, Discharge and Covenant Not to Sue
ISPP 2014 Annual Scientific Meeting in Rome, Italy

This is a legally binding Release, Waiver, Discharge and Covenant Not to Sue (collectively, "Release"), made voluntarily by me, the undersigned Releasor, on my own behalf, and on behalf of my heirs, executors, administrators, legal representatives and assigns (hereinafter collectively, "I" or "me") to the International Society of Political Psychology ("ISPP").

I am voluntarily participating in the ISPP 2014 Annual Conference (the "Conference") in Rome, Italy with a full understanding of the risks involved, and I assume and agree to accept any and all risks to my safety, security and property during the course of participating in the Conference and travel relating thereto. I am aware that it is my responsibility to stay abreast of any risks of travel to Italy, including risks associated with my safety and security. These risks include, but are not limited to, property damage and loss, death or injury resulting from accident, disease, terrorist acts, or otherwise.

I acknowledge that there are currently no Travel Warnings for Italy posted by the United States Department of State, but that this situation can change at any time, and that it is my responsibility to check for current information from my country of origin and/or residence. I am aware that any Travel Warnings or Alerts will be available for me to read on the web site found at www.travel.state.gov, or comparable source in my country of origin and/or residence, and that in advance of the event, I may periodically check the State Department's website or comparable source in my country of origin and/or residence to see if any Travel Warnings or Alerts for Italy have been issued. ISPP assumes no responsibility for informing me of any such Travel Warnings or Alerts.

I acknowledge and agree that, notwithstanding any security arrangements that may be made by ISPP, ISPP does not guarantee and is not responsible for my personal safety or the safety of my property while participating in the Conference or any Conference-related activities, including, but not limited to, airline travel, ground transportation, meals, lodging, recreational activities, and tours arranged by me or others.

In light of the above and in consideration of being permitted to participate in the Conference, I do, for myself and my heirs, executors, administrators, legal representatives and assigns, release, waive, forever discharge, and covenant not to sue ISPP, its respective subsidiaries, affiliates, predecessors, successors and assigns, and all of its respective past, present, and future officers, directors, shareholders, employees, agents, volunteers, and contractors, and their respective heirs, executors, administrators, legal representatives and assigns (collectively, the "Releasees"), of and from any and every claim arising from or by reason of any bodily injury, personal injuries known, or unknown (including emotional trauma), death, or property damage resulting or alleged to have resulted from any accident, incident, or other episode that may occur, whether based upon the negligence of, or breach of contract by, any Releasee or any other party for whose acts or omissions any Releasee may be responsible in law or in fact, or any other cause or principle of law, as a result of my participation in the Conference or any activities in connection with the Conference. I further agree to indemnify Releasees and to hold each of them harmless from any and all liability, claim, action, damage, expense (including reasonable attorneys fees), arising from or related to any injury I may sustain.

This Release contains the entire agreement between the parties to this Release. This Release supersedes any prior or contemporaneous agreements, understandings, and negotiations regarding its subject matter. This Release shall be interpreted and enforced in accordance with the laws of the State of California, and shall be as broad and inclusive as permitted by such laws. If any provision of this Release is held invalid, it is agreed that the balance shall, notwithstanding, continue in full force and legal effect.

I have carefully read the foregoing Release, understand its contents, and acknowledge that this is a release of liability and as such is a binding and fully enforceable contract between ISPP and me. Having consulted, or having had the opportunity to consult, my own counsel as to its meaning and legal effect, I sign this Release as my own free act.

Note: ISPP requires that each adult 18 and over whose name appears on the same application must personally sign a copy of this Release.

Participant Name: _____

Signature: _____ Date: _____