



ISPP Annual Meeting Registration Form

Lisbon, Portugal July 12-July 15, 2019

Discounted Prices: Postmark by March 17, 2019

Pre-Registration: Materials received by May 30, 2019

Name _____

Institutional/Employer affiliation _____

Billing address _____

City _____

State, ZIP /postal code, Country _____

Telephone, Fax _____

Email _____

Conference Registration (*Select the category and price that match the income level(s) and indicate number of persons, per category.*)

	Early Registration (ends 17 Mar)		Late/On-Site Registration	
Registration Fees for ISPP 2019 for \$0-\$30,000 USD Annual Income (or equivalent)				
Members	\$195	#	\$275	#
Non-Members	\$316	#	\$396	#
Registration Fees for ISPP 2019 for \$30,001-\$60,000 USD Annual Income (or equivalent)				
Members	\$225	#	\$305	#
Non-Members	\$382	#	\$462	#
Registration Fees for ISPP 2019 for \$60,001-\$90,000 USD Annual Income (or equivalent)				
Members	\$265	#	\$350	#
Non-Members	\$442	#	\$527	#
Registration Fees for ISPP 2019 for \$90,001-\$120,000 USD Annual Income (or equivalent)				
Members	\$305	#	\$390	#
Non-Members	\$513	#	\$598	#
Registration Fees for ISPP 2019 for \$120,001-\$150,000 USD Annual Income (or equivalent)				
Members	\$355	#	\$440	#
Non-Members	\$594	#	\$679	#
Registration Fees for ISPP 2019 for \$150,000+ USD Annual Income (or equivalent)				
Members	\$395	#	\$495	#
Non-Members	\$665	#	\$765	#

Students, Retired, Other/Guests, Virtual				
Student Members	\$160	#	\$200	#
Student Non-Members	\$230	#	\$270	#
Other/Guests	\$190	#	\$190	#
Retired Members	\$225	#	\$305	#
Retired Non-Members	\$382	#	\$462	#
Virtual Only (Members/Non-)	\$70	#	\$70	#
Printed copy of conference program booklet (\$5 per copy)			#	

Membership status will be verified.

TOTAL amount remitted..... _____

Receptions/Events (*indicate number of registrants per event, including family members – see below*)

_____ Early Career Scholars Social Hour (for Early Career Scholars only), *Complimentary (drink, hors d’oeuvres)*

_____ Welcome Reception, *Complimentary (drink, hors d’oeuvres)*

_____ Awards Reception, *Complimentary (drink, hors d’oeuvres)*

_____ Mentoring Luncheon (for Early Career 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, Chadly Stern and Karolina Urbanska, at mentoringlunch@ispp.org.

ISPP strives for its Annual Meeting to be a family-friendly event. If you have family who will be travelling with you and would like to attend your presentation(s) or attend a reception with you, they may do so free of charge (note: these are not Guests who would attend all/most of the conference). We ask for some basic information below to provide name badges for them, and a few items to keep young children occupied.

****Please send in a signed waiver (at the end) for each family member attending. Parents/guardians should sign for children under the age of 18 years.****

Will you be bringing any children who will attend a portion of the conference or reception with you? If yes, please complete the below:

Name(s): _____

Age(s): _____

Gender(s): _____

Will a spouse or other adult family member be joining you for a portion of the conference and/or reception? If yes, please complete the below:

Name(s): _____

Relationship to you: _____

Please list any food allergies or special accommodation needs in the meeting rooms (for yourself and any other attendees):

TOTAL amount remitted for Receptions/Events..... _____

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*)

Credit Card: VISA MasterCard American Express

Name as it appears on card _____

Approval (Signature) _____

Card number _____

Expiration Date _____ CID _____

Send completed forms/signed waivers/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 2019 Annual Scientific Meeting in Lisbon, Portugal

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 2019 Annual Conference (the "Conference") in Lisbon, Portugal 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 Lisbon or Portugal, 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 Lisbon specifically, or Portugal, 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 Lisbon or Portugal 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: _____