

# 21ST ANNUAL APPLIED ERGONOMICS CONFERENCE REGISTRATION FORM

## Registration Fees

	STANDARD JAN. 22 - MARCH 18	ON-SITE AFTER MARCH 18
<input type="checkbox"/> Full conference	\$1,075	\$1,375
<input type="checkbox"/> Ergo Cup® Team Members	\$575	\$675
<input type="checkbox"/> Student*	\$285	\$305

Registration fee does not include hotel accommodations.  
All prices are in U.S. dollars (USD).

**\*Student Registration** - Must be full-time student with an accredited educational institution. A copy of your schedule or a letter from your institution are acceptable forms of proof. A copy of your student ID will not be accepted.

**Team Discount** - Save up to \$100 off each registration. Two to four people from the same company who register at the same time can deduct \$50 off each conference registration fee. Five or more can deduct \$100 each. This discount does not apply to the **Student, Alliance Partner, Speaker or Ergo Cup Team Member rates**. Contact customer support at (770) 449-0460 for multiple registration discount help.

## Pre-Conference Workshops - Monday, March 26

	STANDARD JAN. 22 - MARCH 18	ON-SITE AFTER MARCH 18
<b>8 A.M. – NOON</b>		
<input type="checkbox"/> OSHA Recordkeeping Requirements and Musculoskeletal Disorders (MSDs) (Special Pricing)	\$25	\$35
<input type="checkbox"/> DIY: How to Upgrade Your Ergonomics Program and Increase Its Organizational Impact	\$250	\$350
<input type="checkbox"/> Demystifying Cost Justification for Ergonomic Solutions	\$250	\$350
<b>1 – 5 P.M.</b>		
<input type="checkbox"/> Demonstrations for Ergonomics Training	\$250	\$350
<input type="checkbox"/> Creating Culture Change: How to Gain Buy-in at Any Level	\$250	\$350
<input type="checkbox"/> Approach to Development and Implementation of Ergonomics Design Standards	\$250	\$350
<b>SIGN UP FOR BOTH, THE MORNING AND AFTERNOON WORKSHOP AND SAVE \$75</b>		
<b>8 A.M. - 5 P.M.</b>		
<input type="checkbox"/> Ergonomics Certification Review: Determining What You Do and Do NOT Know	\$425	\$525
<input type="checkbox"/> Six Sigma Yellow Belt	\$425	\$525
<input type="checkbox"/> Lean Yellow Belt	\$425	\$525

I WANT TO BE A MENTOR FOR A STUDENT AT THE CONFERENCE

I WANT TO BE A MENTOR FOR A FIRST-TIME ATTENDEE AT THE CONFERENCE

Register online and save time:  
[www.appliedergoconference.org](http://www.appliedergoconference.org)

Complete registration form and fax to (770) 441-3295 or mail to IISE/AEC, 3577 Parkway Lane, Suite 200, Norcross, GA 30092

## TICKETED EVENTS

The following event is **COMPLIMENTARY**, but does require tickets for admission

I will attend the Welcome Reception on Monday, March 26

The following events include an **ADDITIONAL FEE** and require tickets for admission

I will attend the Off-site Networking Event – Escape Room - Tuesday, March 27 - \$38

I will attend the Ergo Cup® Luncheon and Awards on Thursday, March 29 - \$25

## COMPLIMENTARY EVENTS

Yes, I plan to attend the Orientation for First-Time Conference Attendees - Tuesday, March 27, 7:15 - 7:45 a.m. FREE

Yes, I plan to be a contestant in the Ergo Trivia Contest FREE

Yes, I would like to participate in the Ergo Speed Networking event on March 27 (limited availability) FREE

Check here if this is the first time you have attended an Applied Ergonomics Conference.

### Please complete:

Mr.  Mrs.  Ms.  Dr.

Last/Surname | First: \_\_\_\_\_

Preferred first name on badge: \_\_\_\_\_

Title: \_\_\_\_\_

Company: \_\_\_\_\_

Please check one:  Company address  Home address

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Prov Zip: \_\_\_\_\_

Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Yes, I require special assistance services. E-mail your request to [cs@iise.org](mailto:cs@iise.org).

### Method of Payment: (Conference fees are due in full at registration in U.S. currency only.)

Check – made payable to IISE

A check for \$ \_\_\_\_\_ is enclosed. Check # \_\_\_\_\_

Credit card – Please charge \$ \_\_\_\_\_ to my:

Visa  MasterCard  American Express

Credit card # \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Name of cardholder (print): \_\_\_\_\_

### Cancellations and Substitutions:

Cancellations must be made in writing and faxed to (770) 441-3295 or mailed to IISE, 3577 Parkway Lane, Suite 200, Norcross, GA 30092. See website for deadline for refund. Contact customer service at [cs@iise.org](mailto:cs@iise.org) or (770) 449-0460x102 or (800) 494-0460.