



# ANNUAL

CONFERENCE & EXPO 2025

## IISE ANNUAL CONFERENCE AND EXPO 2025 STUDENT VOLUNTEER REGISTRATION FORM

### REGISTRATION FEES

	Early Bird Before Feb. 16	Advanced Feb. 17 - April 30	Standard Rate May 1 - June 3
<input type="checkbox"/> STUDENT MEMBER VOLUNTEER REGULAR*	\$350	\$410	\$470
<input type="checkbox"/> STUDENT NON-MEMBER VOLUNTEER REGULAR*	\$400	\$455	\$520
<input type="checkbox"/> STUDENT MEMBER VOLUNTEER BAG STUFFING**	\$250	\$310	\$370
<input type="checkbox"/> STUDENT NON-MEMBER VOLUNTEER BAG STUFFING**	\$300	\$355	\$420

All prices are in U.S. dollars (USD).

\*Regular Student Volunteer must agree to work 2 three-hour shifts.

\*\*Bag Stuffing Volunteer must agree to assist with bag stuffing on Friday, May 30

\*\*\*Please note that you must check in with the Registration desk, *before* you begin your shift. **If you do not show up for your shift, your CC will be charged the remaining balance of your registration.**

**Not a student member?** Join now to save on conference registration fees and enjoy additional member benefits and savings immediately. Or, As a non-member, email registration form accompanied by documentation showing full-time student status. A copy of your student ID will not be accepted. [cs@iise.org](mailto:cs@iise.org)

### SUNDAY WELCOME RECEPTION

RESERVE 1 COMPLIMENTARY TICKET FOR THE OPENING NIGHT RECEPTION  
SUNDAY, JUNE 1, 6 P.M. – 7:30 P.M.

PLEASE RESERVE \_\_\_\_ ADDITIONAL TICKET(S) AT A COST OF \$55 EACH

### ADDITIONAL EVENTS NOT INCLUDED IN YOUR REGISTRATION FEE:

#### NEW FACULTY COLLOQUIUM

SATURDAY, MAY 31, 8 A.M. – 5 P.M. – \$50  
(PRIOR APPROVAL BY CIEADH REQUIRED)

#### STUDENT SPONSORSHIP

I WISH TO PROVIDE ASSISTANCE TO A STUDENT TO HELP DEFRAY  
EXPENSES SO THAT THEY MAY ATTEND THE IISE ANNUAL CONFERENCE.  
\$30      \$20      \$10

### 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. Email 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 – An invoice will be emailed to you once the registration

form has been processed.

### Cancellations and Substitutions:

Cancellations must be made in writing and mailed to IISE, 3577 Parkway Lane, Suite 200, Norcross, GA 30092.

See website for refund deadline. Contact customer service at [cs@iise.org](mailto:cs@iise.org), (770) 449-0460, x102, or (800) 494-0460.

Please return completed registration form by email or mail to:

[cs@iise.org](mailto:cs@iise.org)

IISE, 3577 Parkway Lane, Suite 200, Norcross, GA 30092