



# INTERNATIONAL CONFERENCE

MIAMI, FLORIDA, USA / 19-22 JULY 2020



**\*= Required Field**

**Email Address\***

**Are you an IIA Member? \***      Yes      No

**Member ID \***

**First Name\***

**Last Name\***

**Badge First Name**

**Job Title\***

**Company\***

**Address Line 1\***

**Address Line 2**

**City\***

**State/Province\***

**Zip (Postal Code) \***

**Country \***

**Mobile Phone**

**Work Phone\***

**Cc Email**

If you would like an additional contact copied on all communications, please enter it above.

**Please select the IIA certifications that you presently hold: (if applicable)**

CCSA

CFSA

CGAP

CIA

CPEA

CPSA

CRMA

QIAL

**Special Dietary Needs**

Gluten or wheat allergy

Lactose or dairy allergy/intolerance

Nut allergy

Shellfish allergy

Egg allergy

No Beef

No Pork

Vegetarian

Kosher

Vegan

Halal

If you require special dietary needs not listed please email [international.conference@executiveevents.com](mailto:international.conference@executiveevents.com) with that information. A member of the conference staff will contact you with additional details regarding your request. Please note we cannot accommodate all dietary requests.

**Do you require ADA access?**

ADA Facility Access

Hearing Impaired – Interpreter Required

**Do you need a Visa Invitation Letter?\***

Yes

No

If you selected yes above, please complete the following required fields.

*Visa Invitation letters will be provided within 2 business days only if the information below is completed.*

Passport Name

Passport Number

Job Title

Organization

Mailing Address

How did you first hear about this event conference, specifically the location and the date it was held? \*

Please indicate your reason for selecting this learning event:\*

What industry do you associate yourself with?\*

Please select the closest match to your current title:\*

By completing this registration, I understand that I may receive updates regarding the International Conference. I may opt out of additional communications from The IIA by going to my profile and updating my contact preferences via the IIA Home Page. \*

Yes, I understand

I provide my consent to have the below information shared with the Exhibitors, Sponsors, & Advertisers of the International Conference.

Information included is: Name, Company, Job Title, City, State/Province, Country

Yes

No

I will be bringing additional guest(s) with me.

*Due to space limitations you may bring up to 4 guests with you.*

Yes

No