## BICSI ICT Direct (Online) Winter 2024: 1-31 March



Please print clearly. Your name and company will appear exactly as you have indicated on the registration form.

Attendee Information					
☐ Please check if this is your first BICSI Conferen	nce. 🗆 Plea	se update my membei	rship record wit	h this informatio	n.
Last name First	name	Middle initial		Member number	
Job Title		name			
Mailing address					
City State/Prov	vince	Zip/Postal d	code	Country	
How did you hear about this event?	Dayti	me phone	Email		
Full Conference Registration		All prices listed in	U.S. dollars.		
ONLINE EVENT			RE	GULAR RATE	ТОТА
BICSI Member*				\$700	
Non-member					
Senior, Installer/Technician, Active Military, S					
Senior, Installer/Technician, Active Military, S	Student (SIMS)	Non-Member**		\$775	
*Reduced pricing is available for members in Tier 2 and online or contact BICSI for a separate registration form (		•	Please register		
**IMPORTANT: The discounted SIMS registration rate is an Installer/Technician, Active Military, or Full-Time Student if they are also a senior citizen, active military member, as a Student, Active Military, or Senior must provide office conference.	t. RCDDs and RITPs or are currently en	may only register under the prolled as a student. All atter	SIMS category idees registering	Total Registr	ation Fee:
☐ I agree to the below policies, waiver, o	and terms & c	conditions.			
BICSI Events Code of Conduct: It is BICSI's goal or online. Participants are required to engage in Any participant failing to follow this rule may be	n professional c	conduct at all times and	to treat every o	ther participant v	with respect
Important Notice and Waiver: I acknowledge the communicable diseases. I agree to comply with hold BICSI harmless from and against any liabil at the BICSI event.	th all safety pro	tocols announced by Bl	CSI or the facili	ty. I agree to waiv	e and
Privacy Policy and Terms & Conditions: By regist and Terms & Conditions.	tering, you ackn	owledge you have read	and agree to b	e bound by our <u>Pr</u>	ivacy Policy
Signature				Date	

## **BICSI ICT Direct (Online) Winter 2024**



Membership	Application & I	Renewal					
Last name			First name		Middle initial		
Member number	(if renewal)		Job title				
Company name			Company w	ebsite			
Mailing address							
City	City State/Province		Zip/Postal code Country				
Daytime phone	Davtime phone Email						
Day anno priorio	Lindii						
Membership	Information						
Please check the ap conference rate. No in your area.	opropriate box below to te: Rates shown below c	register for or renevare for Tier 1 countrie	w your BICSI me es. Visit bicsi.org	mbership a g/membersh	nd take advantag nip to verify meml	e of the member pership pricing	
New Membership	erships Membership Rei		newals		Special Membership Rates*		
□ 1-year individua	□ 1-year individual membership \$199 □ 1-year ind		dual membership \$199		□ 1-year membership \$119		
□ 2-year individud	□ 2-year individual membership \$359 □ 2-year individual		ual membership \$359 Stud		Student/Appren	tudent/Apprentice Membership**	
□ 3-year individud	al membership \$514	□ 3-year individ	ual membersh	ip \$514	□ 1-year memb	ership \$25	
□ Please check he	ere to indicate that you	adhere to the BICS	SI Code of Ethic	s and Profe	ssional Obligatio	ons.	
RCDD® credential ma **Students/Apprentic All prices are listed in	nior (age 62+), as well as BIC y become a member for \$1 es may become a membe U.S. dollars for U.S. membe Membership at 800.242.740 @bicsi.org.	19 per year. Proof of st r for \$25 per year. Proo rship. If you are a resio	atus is required. of of status is requ dent of another co	uired. ountry,	rhe	Total Membership Dues	
Totals							
Registration Fees From Form A	Membership Dues  From Form B	Indicate the you will pay	=	in order for copies for y	Payments MUST be received with this form der for you to be registered. Please make es for your files. You will receive confirmation ur registration.		
Payment Sec	ction						
Department for instru	ks payable to BICSI in U.S ctions on wiring funds.) ng by credit card, pleas	For your protection	n, BICSI does no	t accept en	nailed credit	Internal Use Only	
Total to be paid □ C	heck or Money Order En	closed					
\$ □ V	isa □ MasterCard □	] American Express	□ Diner's Clu	b □ Disco	over		
Billing Representative (	If different from Corpora	te Representative)	Email	(	Cardholder signat	ure	
Credit card number		CVV	Expiration	n date (	Card billing zip cod	de (required)	