



**Oct. 15-17, 2024**  
 Anaheim, Calif.  
 Anaheim Marriott

Instructions: Please complete all information on this registration form. (If needed, the form may be photocopied for additional registrations.) Form must be complete and accompanied by payment (in U.S. funds only) in order to be processed. Registration received without payment will not be processed. Submit a separate form for each registrant. **(Please print clearly.)**

Name \_\_\_\_\_ PRSA ID \_\_\_\_\_  
(Last) (First) (Optional)

Title \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

ZIP/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Do you have any special needs that will affect your participation? (Dietary, etc.)

Emergency Contact (Include name, relationship to you and phone number)

**CHECK APPROPRIATE BOXES**

- PRSA Member
- Nonmember
- I am a Global Alliance Member and qualify for the PRSA Member rate (includes CPRS)
- I am a PRCA Member and qualify for the PRSA Member rate
- I am a first-time attendee at this event
- Include my mailing address in the attendee roster
- Include my email in the attendee roster

**PRSA ICON Registration**

Type	Deadline	Member	Nonmember
Saver	9/6/24	\$1,645 <input type="checkbox"/>	\$1,945 <input type="checkbox"/>
Regular	Through ICON	\$1,895 <input type="checkbox"/>	\$2,195 <input type="checkbox"/>

**PRSSA ICON Registration**

Type	Deadline	Member	Nonmember	PRSSA Faculty Advisor
Saver	9/6/24	\$385 <input type="checkbox"/>	\$420 <input type="checkbox"/>	\$385 <input type="checkbox"/>
Regular	Through ICON	\$400 <input type="checkbox"/>	\$435 <input type="checkbox"/>	\$385 <input type="checkbox"/>

**PRSA ICON + Health Academy Bundle**

Type	Deadline	Section Member	Member	Nonmember
Saver	9/6/24	\$2,190 <input type="checkbox"/>	\$2,390 <input type="checkbox"/>	\$2,690 <input type="checkbox"/>
Regular	Through ICON	\$2,590 <input type="checkbox"/>	\$2,690 <input type="checkbox"/>	\$3,090 <input type="checkbox"/>

**PRSA ICON + Educators Academy Bundle**

Type	Deadline	Section Member	Member	Nonmember	PRSSA Faculty Advisor
Saver	9/6/24	\$1,560 <input type="checkbox"/>	\$1,610 <input type="checkbox"/>	\$1,890 <input type="checkbox"/>	\$463.50 <input type="checkbox"/>
Regular	Through ICON	\$1,840 <input type="checkbox"/>	\$1,850 <input type="checkbox"/>	\$2,130 <input type="checkbox"/>	\$495 <input type="checkbox"/>

## Health Academy Conference ONLY

Type	Deadline	Section Member	Member	Nonmember
Saver	9/6/24	\$1,045 ○	\$1,145 ○	\$1,245 ○
Regular	Through ICON	\$1,295 ○	\$1,395 ○	\$1,495 ○

## Educators Academy Conference ONLY

Type	Deadline	Section Member	Member	Nonmember
Saver	9/6/24	\$130 ○	\$140 ○	\$150 ○
Regular	Through ICON	\$150 ○	\$160 ○	\$170 ○

### Ways to Register

- **Website:** Visit [prsa.org/icon](https://prsa.org/icon) to register online.
- **FAX:** Complete the Registration form and fax; must include credit card information. Fax to **(212) 460-5460**
- **Mail:** Complete registration form and mail; must include credit card information or a check made payable to PRSA ICON 2024, in U.S. Funds only.

**PRSA**

**411 Lafayette Street, Suite 201**

**New York, NY 10003**

**Attn: PRSA ICON 2024**

### Payment

**Fee: \$ \_\_\_\_\_**

Registrations received without payment will not be processed.

- Check payable in U.S. Funds to PRSA ICON 2024  
 or ○ Visa ○ American Express ○ Mastercard

Credit Card Number \_\_\_\_\_

Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_

I agree to pay total amount indicated according to card issuer's agreement.

**Questions? Call (800) 350-0111**

## Registration & Cancellation Policies

I agree to follow all policies and rules set forth by PRSA and/or the conference venue(s) as they are updated from time to time, and to comply with the directions of PRSA and the conference venue(s). I acknowledge that my right to access the conference is strictly subject to such policies, rules, and directions. PRSA reserves the right, in its sole discretion, to remove or refuse entry without refund or liability of any kind to any person (i) who does not comply with any of the policies, rules, or directions governing participation in the conference; (ii) whose participation or behavior disrupts or hinders the enjoyment of the conference by others; or (iii) who breaches these registration terms and conditions.

**Cancellations/Refund Policy:** Refund of ICON 2024 registration fee, less the applicable administrative fee (see schedule below), will be made if written notice of cancellation is postmarked no later than Sept. 14, 2024. Registrants whose cancellation requests are postmarked (or emailed) after Sept. 14, 2024, will NOT be entitled to a refund. Cancellation of registration for this event must be made in writing and mailed to PRSA 2024 International Conference, 411 Lafayette Street, Suite 201, New York, NY 10003, Attn: PRSA 2024 International Conference Registration, or by email to [cledesma@pcm411.com](mailto:cledesma@pcm411.com). Substitute attendees will be permitted (with appropriate documentation) until Sept. 14, 2024. For substitution, non-PRSA members must pay the appropriate difference in the registration fee.

**Photography Notice:** Be aware that by participating in PRSA's public forum, "The PRSA 2024 International Conference," you are automatically authorizing the Public Relations Society of America (hereinafter "PRSA") and its employees, agents and assigns to use your name, photograph, voice or other likeness for purposes related to the mission of PRSA, including but not limited to publicity, marketing, websites, other electronic forms of media, and promotion of PRSA and its various programs.

**Health and Safety Policies:** I will follow all PRSA policies, procedures, and rules as well as any CDC and local public health guidelines to reduce the likelihood of acquiring or spreading of COVID-19.

Due to the nature of COVID-19 and the programs and services offered at the Event, I understand that even if I follow all PRSA policies, procedures, and rules as well as any CDC and local public health guidelines to reduce the likelihood of acquiring or spreading of COVID-19, I may be exposed to COVID-19 and I may contract COVID-19 through participation in PRSA's Event.

I AGREE AND ACKNOWLEDGE THAT MY ATTENDANCE, PARTICIPATION IN, AND TRAVEL FOR PRSA'S EVENT IS COMPLETELY VOLUNTARY. I AGREE TO ASSUME AND ACCEPT SOLE RESPONSIBILITY FOR ALL KNOWN AND UNKNOWN RISKS OF LOSS, PERSONAL INJURY, ILLNESS, OR DEATH RELATED TO EXPOSURE TO COVID-19, WHETHER BEFORE, DURING, OR AFTER THE EVENT, EVEN IF RESULTING FROM THE ACTS, OMISSIONS, OR NEGLIGENCE OF PRSA, ITS EMPLOYEES, VOLUNTEERS, OTHER PARTICIPANTS, CONTRACTORS, REPRESENTATIVES, OR ANY LESSORS AND OWNERS OF PREMISES USED TO CONDUCT THE EVENT ("RELEASEES"), TO THE FULLEST EXTENT PERMITTED BY LAW.

I HEREBY RELEASE, COVENANT NOT TO SUE, DISCHARGE AND HOLD HARMLESS THE RELEASEES WITH RESPECT TO ANY AND ALL LIABILITIES, CLAIMS, PENALTIES, SUITS, DEMANDS, JUDGMENTS, COSTS, INTERESTS AND EXPENSES (INCLUDING ATTORNEYS' FEES AND COSTS) ARISING FROM OR RELATING TO THE PERSONAL INJURY, ILLNESS, OR DEATH OF MYSELF (OR ANY PERSON WHO MAY CONTRACT COVID-19, DIRECTLY OR INDIRECTLY, FROM ME), WHETHER BEFORE, DURING, OR AFTER THE EVENT, EVEN IF RESULTING FROM THE ACTS, OMISSIONS, OR NEGLIGENCE OF ANY OF THE RELEASEES, TO THE FULLEST EXTENT PERMITTED BY LAW.

By checking this box, I agree with the Registration & Cancellation Policies noted above.