

# ICON 2021

## ON-DEMAND

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 \_\_\_\_\_  
*(Must complete to receive registration confirmation)*

### CHECK APPROPRIATE BOXES

- PRSA Member
- PRSSA Member
- Nonmember
- I am a Global Alliance Member and qualify for PRSA Member rate
- I am a CPRS Member

On-Demand Registration	Member	Nonmember
Includes 88 different ICON 2021 sessions – a total of over 92 hours of programming – available for one low price. Elevate your outlook, skill set and perspective with actionable input from 178 of today's leading minds in public relations, marketing and communications.		
<b>Professional Registration</b>	<b>\$395*</b>	<b>\$495</b>
<b>PRSSA (Student) and Faculty Adviser Registration</b>	<b>\$99</b>	<b>\$129</b>

\*Global Alliance and CPRS members qualify for the PRSA member rate.

### Ways to Register

- **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 ICON2021, in U.S. Funds only.  
**PRSA**  
**411 Lafayette Street, Suite 201**  
**New York, NY 10003**  
**Attn: PRSA ICON2021**
- **Website:** Visit [prsa.org/icon2021](http://prsa.org/icon2021) to register online.

### Payment

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

Registrations received without payment will not be processed.

Check payable in U.S. Funds to PRSA ICON2021  
 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**