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October 13 - 14, 2026
Detroit (MI) - USA

4TH NORTH AMERICAN FORUM
REGISTRATION FORM

To be completed and returned to **Bin.WU@infopro-digital.com**

ATTENDEE COMPANY

Organization:	
Purchase Order Number:	VAT Number:
Address:	
Zip Code & City:	Country:
Invoice Email:	
Contact Full Name:	
Job Title:	Email:
Phone number (office):	Mobile:

INDIVIDUAL REGISTRATION FEE – *Please indicate by an "X" in the appropriate blank box(es)*

☐	**SUPER EARLY BIRD RATE DELEGATE PASS: US$ 1150** - *Ends on March 27th, 2026*	**US$ 1150** X **0**	*(Number of Delegates)*
☐	**EARLY BIRD RATE DELEGATE PASS : US$ 1250** - *Ends on May 29th, 2026*	**US$ 1250** X **0**	*(Number of Delegates)*
☐	**STANDARD DELEGATE PASS: US$ 1495**	**US$ 1495** X **0**	*(Number of Delegates)*
☐	**SPEAKER PASS: US$ 1150**	**US$ 1150** X **0**	*(Number of Delegates)*

TOTAL AMOUNT DUE = US$

Each PASS includes: Two (2) days of conferences, coffee breaks, lunch, exhibitions, awards ceremony, and technical presentations (upon presenters' approval). The registration fee does not include travel expenses, accommodation, parking fees or any other additional cost or service. By signing below, you agree that you understand that by returning this registration form you are making a firm and irrevocable undertaking to pay for all attendance fees. Final registration shall be completed only upon receipt of payment.

Cancellations: For any cancellation made on or after July 17th, 2026, the entire registration fee shall be retained by the Organizer as a cancellation fee. It is possible for the registrant to name one replacement if the registrant cannot participate in the event.

Program changes: The Organizer reserves the right to modify the program should circumstances so warrant in the judgment of the Organizer. No such modification will entitle the attendee to claim any form of compensation.

Personal Data: The personal information collected is processed by INFOPRO DIGITAL USA LLC. They are necessary, to process your registration as a participant of the CARES Conference to send you any communication relating to the event and are recorded in our files. To exercise your rights, oppose it or find out more: Privacy policy (https://www.infopro-digital.com/rgpd-gdpr/international)..

PAYMENT METHOD – *Please indicate by an "X" in the appropriate blank box(es)*

☐ **CREDIT CARD** (required documents: Credit Card Authorization Form + Completed Registration Form)

☐ **WIRE TRANSFER** (required documents: Completed Registration Form (Extra charge of US $45 per wire)

☐ **CHECK** (required documents: Check + Completed Registration Form)

Email address to which all completed Registration Form should be sent: bin.wu@infopro-digital.com
*If Participant is paying by check, Organizer will email an invoice with instructions for transmission of the check. *

Date:	Signature of Authorized Representative:	Company stamp:

CREDIT CARD AUTHORIZATION FORM

Sign below and email this completed form to **Bin.WU@infopro-digital.com**

Company name

I, (name as shown on the card) ,
hereby authorize INFOPRO DIGITAL USA LLC dba CARES AMERICAS to charge my credit card for the amount below:

US $

I further authorize INFOPRO DIGITAL USA LLC dba CARES AMERICAS to charge my credit card for any other charges related to CARES AMERICAS CONFERENCE for which the Sponsor may be liable:

☐ Yes ☐ No

Date:

Print Name of Authorized Signer:

Signature of Authorized Representative:

CREDIT CARD INFORMATION

☐ Master Card	Card Number:
☐ Visa	Expiration Date:
☐ American Express	CVV (Security Code):
	Billing Zip Code:

Invoicing address

Infopro Digital USA LLC
c/o GUIBERT & CO
445 Park Avenue - 9th Floor - NEW YORK - NY 10022 – USA

bin.wu@infopro-digital.com

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Please add additional pages, as needed.

ATTENDEE COMPANY'S DELEGATES

1 | ☐ Mr. ☐ Ms.

Family Name: **Given Name:**

Organization:

Job Title:

Email: Mobile:

2 | ☐ Mr. ☐ Ms.

Family Name: **Given Name:**

Organization:

Job Title:

Email: Mobile:

3 | ☐ Mr. ☐ Ms.

Family Name: **Given Name:**

Organization:

Job Title:

Email: Mobile:

4 | ☐ Mr. ☐ Ms.

Family Name: **Given Name:**

Organization:

Job Title:

Email: Mobile:

5 | ☐ Mr. ☐ Ms.

Family Name: **Given Name:**

Organization:

Job Title:

Email: Mobile:

Date:

Signature of Authorized Representative:

Company stamp: