4th NORTH AMERICAN FORUM
REGISTRATION FORM

October 13 – 14, 2026
Rochester (MI) - USA

To be completed and returned to: gigi.chan@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:	

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

☐**SPEAKER RATE: US$ 1150** **US$ 1150** *VAT excluded* **X**_____ *(Number of Speakers)*

☐**STANDARD DELEGATE PASS: US$ 1450** **US$ 1450** *VAT excluded* **X**_____ *(Number of Delegates)*

Group Ticket Registration Fee – Please indicate by an "X" in the appropriate blank box(es)

☐ **PACK - 3 GROUP TICKET** *including THREE (3) Passes*	**US$ 4125** *VAT excluded (US$ 1375 per ticket – 6% discount)*
☐ **PACK - 4 GROUP TICKET** *including FOUR (4) Passes*	**US$ 5220** *VAT excluded (US$ 1305 per ticket – 10% discount)*
☐ **PACK - 5 GROUP TICKET** *including FIVE (5) Passes*	**US$ 6250** *VAT excluded (US$ 1250 per ticket – 15% discount)*

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 10th, 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. It is necessary, to process your registration as a participant of the CARES AMERICAS 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: gigi.chan@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 gigi.chan@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:* _____ *Signature:* _____

Print Name of Authorized Signer: _____

CREDIT CARD INFORMATION

☐ Master Card

☐ Visa

☐ American Express

Card Number:_____

Expiration Date:_____

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

◆ gigi.chan@infopro-digital.com ◆

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ATTENDEE COMPANY'S DELEGATES

1) ☐ **Mr.** ☐ **Ms.**

Full Name:

Organization:

Job Title:

Email:	Mobile:

2) ☐ **Mr.** ☐ **Ms.**

Full Name:

Organization:

Job Title:

Email:	Mobile:

3) ☒ **Mr.** ☐ **Ms.**

Full Name:

Organization:

Job Title:

Email:	Mobile:

4) ☐ **Mr.** ☐ **Ms.**

Full Name:

Organization:

Job Title:

Email:	Mobile:

5) ☒ **Mr.** ☐ **Ms.**

Full Name:

Organization:

Job Title:

Email:	Mobile:

**Please add additional pages, as needed.*

Date _____

Signature of Authorized Representative _____

Company stamp _____