**PAYMENT PLAN AGREEMENT FOR PLIDA MEMBERS**

This Payment Plan Agreement (“**Payment Plan**”), shall be effective [DATE], is entered into by and between the “Pregnancy Loss and Infant Death Alliance”, a Colorado Non-Profit Organization, having its principal place of business at P.O. Box 826, Castle Rock, CO 80104 (hereinafter, “**PLIDA**”), and *Full Name* living at *Address* (hereinafter, the “**Member**”), PLIDA and Member (collectively “**Parties**”) agree to the following:

1. **REQUIREMENTS**

**WHEREAS** Member agrees to pay for the 22nd Biennial International Perinatal Bereavement Conference (IPBC 2022) to be held October 12 – 15, 2022 at the Sheraton Denver Downtown Hotel, Denver, Colorado; **WHEREAS** Member agrees to Payment Schedule selected below in II. PAYMENT SCHEDULE: **WHEREAS** PLIDA agrees toprovidean education opportunity based on evidenced based best practice; **NOW, THEREFORE**, in consideration of the mutual promises herein set forth and subject to the terms and conditions hereof, the parties agree as follows:

* This Payment Plan is only available for PLIDA members, and the Member is not delinquent on membership payments.
* Discount codes will not apply if Member agrees to Payment Plan.
* Full amount of registration must be paid by **October 11, 2022.**
* A one time, non-refundable $15.00 USD processing fee will be added to first installment.
* Registrations paid in full can be transferred to another PLIDA member for a $100.00 transfer fee to be paid by receiving PLIDA member.
1. **PAYMENT SCHEDULE A-C: Please select payment schedule and number of payments**

[x]  PAYMENT SCHEDULE A: Main Conference Only

|  |  |  |  |
| --- | --- | --- | --- |
| **Please Select**  | **PLIDA Member** **Main Conference** | **Monthly Payment** | **Approx. Registration Cost** |
|[ ]  3 Payments |  $ 183.35  |  $ 550.00  |

[ ]  PAYMENT SCHEDULE B: Main Conference and Half Day Preconference

|  |  |  |  |
| --- | --- | --- | --- |
| **Please Select** | **PLIDA Member Main Conference & Half Day Preconference** | **Monthly Payment** | **Approx. Registration Cost** |
|[ ]  3 Payments |  $ 226.70 |  $ 680.00 |

[ ]  PAYMENT SCHEDULE C: Main Conference and Full Day Preconference

|  |  |  |  |
| --- | --- | --- | --- |
| Please Select  | PLIDA Member Main Conference & Full Day Preconference | Monthly Payment | Approx. Registration Cost |
| [ ]  | 3 Payments |  $ 263.35 |  $ 790.00 |

1. **MISCELLANEOUS**
2. **DEFINITIONS**

***Authorized user*** means any person who you allow to use your account.

***We***, ***us***, and ***our*** means PLIDA, a Colorado Non-Profit Organization, having its principal place of business at P.O. Box 826, Castle Rock, CO 80104.

***I, You***, ***your***, and ***yours*** means the person who applied for the Payment Plan. It also means any other person responsible for complying with this Payment Plan.

1. **LIMITATION OF LIABILITY**

To the maximum extent permitted by applicable law, PLIDA will have no liability for any consequential, special, punitive, or indirect loss or damage that Speaker or any other person may incur or suffer in connection with this Agreement and any schedules or addendums relating thereto, even if PLIDA has been advised of the possibility thereof. Speaker’s aggregate liability for damages from any cause of action whatsoever relating to any service shall be limited to the amounts paid in fees and charges by Speaker. Neither PLIDA nor Speaker shall be responsible, and neither shall incur any liability to the other, for any failure, error, malfunction, or delay in carrying out any of its obligations under the agreement if any such failure, error, or malfunction or delay results from causes beyond such party's reasonable control.

1. **CONFIDENTIALITY**

As an attendee at this convention, I understand that I may have access to confidential, privileged, or proprietary information. I agree not to disclose or disseminate such information without the written permission of PLIDA, except to persons I know to be members of PLIDA or members of an PLIDA affiliated organization. Additionally, I agree that I will not record, by audio, visual, or other means, any portion of any meeting or event during the convention without the permission of PLIDA.

1. **CANCELLATION POLICY**

**ALL PAYMENTS ARE NON-REFUNDABLE**. However, if, due to illness, accident, causes legally known as Acts of God, or circumstances beyond the control of either party, this Payment Plan shall be cancelled; verification may be required, and cancellation notice must be submitted in writing. There will be a $150.00 Cancellation Fee. All cancellation requests must be submitted to Rossana Urbina at **rossana.ubina@plida.org.**

1. **PAYMENT**

CHARGE TO: [ ]  American Express [ ]  Discover [ ]  MasterCard [ ]  Visa

Click here to enter credit Card Number

Card #

Click here to enter expiration date Click here to enter CVV Code.

Exp. Date CVV Code

Please enter name of Card Holder

Name of Card Holder

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Signature

1. **AGREEMENT**

By selecting I Agree below, Member agrees they have read and agree to all terms and conditions, which are subject to the convention registration. If for unforeseen reasons this program is cancelled or changed, PLIDA, cannot be held financially responsible for airline tickets or other associated fees, and room rates cannot be guaranteed. By registering for the IPBC 2022, Member and guests agree to receive email correspondence from PLIDA regarding the convention. Member agrees to have their image photographed and published in PLIDA’s membership publications and website. Member also agrees to be listed as attending the convention on public listings. PLIDA reserves the right to, in its sole discretion, refuse entrance to the event and/or remove any individual whose behavior is disruptive and/or is not consistent with the character and purpose of the show. All PLIDA badges are the property of PLIDA and must be returned to PLIDA upon request. Member hereby authorizes PLIDA to charge monthly payments to the credit card listed above. Payment in full is required in order to check into and attend IPBC 2022. Member agrees and understands Continuing Education Units, Hotel and travel expenses are not included as part of conference registration.

[ ]  I agree to all terms and conditions stated within the Payment Plan.

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Signature Date