



Contact:  
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## Retiree Verification Form

(Please fill out and e-mail back to ICCHP in order to receive your discount)

### Retiree Information:

Full Name:

E-Mail:

Address:

City:

Country:

Previous employer where you retire from:

Are you an author/presenter?    Yes                      No

I hereby attest that I am a retiree who is no longer working full-time. I authorize ICCHP to verify my retiree status should they so choose. I acknowledge that the information provided in this statement is accurate and complete to the best of my knowledge and is provided by me of my own will for the sole purpose of receiving the ICCHP retiree discount.

Date:

Signature:

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#### Association ICCHP

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