aes applied ergonomics society presents

The 29th Annual

applied ergonomics CONFERENCE 2026

Optimize business through applied ergonomics

29TH ANNUAL APPLIED ERGONOMICS CONFERENCE
STUDENT NON-MEMBER REGISTRATION FORM

Registration Fees

	EARLY BEFORE JAN. 1	ADVANCED JAN. 1 - FEB. 29	STANDARD MARCH 1 - MARCH 9
☐ STUDENT NON-MEMBER	$455	$455	$470

All prices are in U.S. dollars (USD).

Not an AES student member?
Join now to save on conference registration fees and enjoy additional member benefits and savings immediately. www.iise.org/aes Or, as a non-member student, email registration form accompanied by documentation showing full-time student status. A copy of your student ID will not be accepted. Email: cs@iise.org

TICKETED EVENTS (IN-PERSON ONLY)

*The following ticketed events include an **ADDITIONAL FEE** for admission.*
Ticketed events are limited in capacity.

☐ I will attend the Ergo Cup Luncheon and Awards on Thursday, March 12 *	$70

*Ticketed events are limited in capacity and final registration is based on available space.

COMPLIMENTARY EVENTS (IN-PERSON ONLY)

*The following events are **COMPLIMENTARY**, but require advanced registration for admission:*

☐ Yes, I will attend the Welcome Reception on Monday, March 9	FREE
☐ Yes, I plan to attend the Orientation for First-Time Conference Attendees on Tuesday, March 10	FREE
☐ Yes, I would like to participate in the Ergo Speed Networking event on Tuesday, March 10 (limited availability)	FREE

Complete registration form and email to cs@iise.org,
or mail to IISE/AEC, 3577 Parkway Lane, Suite 200, Norcross, GA 30092

☐ Yes, I require special assistance services.
E-mail your request to cs@iise.org.

☐ Check here if this is the first time you have attended an Applied Ergonomics Conference.

Please complete:

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr.

Last/Surname | First: _____

Preferred first name on badge: _____

Title: _____

Company: _____

Please check one: ☐ Company address ☐ Home address

Address: _____

City: _____ State/Prov Zip: _____

Country: _____

Phone: _____ Fax: _____

E-mail: _____

Method of Payment: *(Conference fees are due in full at registration in U.S. currency only.)*

☐ Check – made payable to IISE

A check for $ _____ is enclosed. Check # _____

☐ Credit card – Please charge $_____ to my:

☐ Visa ☐ MasterCard ☐ American Express

Credit card # _____ Exp. Date: _____

Signature: _____

Name of cardholder (print):_____

Cancellations and Substitutions:
Cancellations must be made in writing and mailed to IISE, 3577 Parkway Lane, Suite 200, Norcross, GA 30092. See website for deadline for refund. Contact customer service at cs@iise.org or (770) 449-0460x102 or (800) 494-0460.