

Oct 19-20, 2023

### Email this form to register now!

Email: info@Imdconference.com

## **Main Group Coordinator Contact Information**

Contact person for any questions regarding these registrations

Name			substitute
Title			or substitut
Email			LMD-2023 shipped in
Phone			registration confirmation
Company/Organization Details			recommer printed bac not receive
Name			to the conf
Туре	Number of Employee	es	Group Re available for organization
Website —			_
Address1			
Address 2			Gr Spe
City S	tate		Of
Zip Country			
Registration Type		By 5.19.23	By 6.16
Retailers and Restaurants		S485	□ \$55
Delivery and Trucking Companies, I	OSPs	□ \$855	S \$95
Technologies and Solutions Provide	rs	\$945	S95
Government and Academia		\$855	□ \$95
Startup Showcase (Startup Zone)**		<b>\$1,985</b>	\$2,0
Startup Showcase, Additional Regis	trant	\$945	S95
LMD EXPO PASS ONLY		\$0	\$0
* Valid Active Federal government Id or valid S  ** Startup Showcase Package Includes 1 Confe	•	Exhibit Table in the	ne Startup Z

Delegate Registration Form

Reset Print Form

Please save the filled form on your PC and email as an attachment This form may be copied for additional registrations.

Venue: Las Vegas

## Refund Policy, Delegate Cancellations and Transfer

Registration cancellation requests received in writing at least thirty days (30 days) prior to the event will qualify for a full refund less 5% administrative fee. Should the original delegate be unable to attend, a delegate is welcome at no extra charge. Any cancellation tion requests should be made to info@Imdconference.com

#### ion Details / Shipping Policy

conference registration is electronic only. No items will be hard copy via mail or postal service. After completing n online or emailing a registration form, you will receive a on email with a summary of your registration details, which we d you retain for your own records. Delegates can receive their dge upon presenting a valid government-issued ID. If you do an email confirming your registration details two weeks prior erence, please contact SyllabusX.

gistration Discount: Complimentary Registrations are or groups of three paid attendees or more from the same n are available.

Group	
Special	
Offer	

1	for	every	3	paid	registrations

2 for every 5 paid registrations

3 for every 7 paid registrations

5 for every 10 paid registrations

Registration Type	By 5.19.23	By 6.16.23	Standard	Delegates	Total
Retailers and Restaurants	S485	S550	S585		
Delivery and Trucking Companies, DSPs	S855	\$950	\$985		
Technologies and Solutions Providers	S945	\$955	\$985		
Government and Academia	S855	□ \$950	\$985		
Startup Showcase (Startup Zone)**	<b>\$1,985</b>	\$2,085	2,185		
Startup Showcase, Additional Registrant	S945	\$955	\$985		
LMD EXPO PASS ONLY	\$0	\$0	\$0		
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Please find attached check payable to Syllabus.						
Please charge my Ovisa O Master Card O American Express						
Name on Card Security Code						
Account #	Exp. Date					
Billing Address						
City	State					
Zip	Country					
Cardholder Signature	Date Date VYYY					

#### **Total Amount Due**

### Ways to Register

### Register Online:

www.lmdconference.com

#### Register by Email:

Send registration form and credit card info or purchase order to info@Imdconference.com

### Register by Phone:

Phone your registration by calling 703-466-0022 with your Visa, MasterCard

## Register by Mail:

Send form with check or credit card information to SyllabusX, 1900 Campus Commons Drive #100, Reston, VA 20191

### Register Onsite:

Oct 19-20, 2023

☐ I have ADA needs. Explain:

Oct 19-20, 2023 LMD-2023 Group Registration Form

Reset Print Form

Complete this registration form if you would like to register 3 or more individuals from your ompany or organization to attend the LMD-2023 Conference in Las Vegas, Nevada.				
Group Name	Total Number of Registrants			

# **Group Registrant Information**

Name(s) of Paid Registrant(s)

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No.	First Name	Last Name	Title	Company/Organization	Email
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

To add more registrants, please copy this page.

## Name(s) of Free Registrant(s)

INAIII	ame(s) of Free Registrant(s)							
No.	First Name	Last Name	Title	Company/Organization	Email			
1								
2								
3								
4								
5								
6								
7								
8								

To add more registrants, please copy this page.