

Registration For ☐ LMD Conference ☐ FCX ☐ LMR Conference

Email this form to register now! Email: info@LMDconference.com

Main Group Coordinator Contact Information

Contact person for any questions regarding these registrations

Name _____

Title _____

Email _____

Phone _____ Mobile _____

Company/Organization Details

Name _____

Type _____ Number of Employees _____

Website _____

Address 1 _____

Address 2 _____

City _____ State _____

Zip _____ Country _____

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 **substitute delegate** is welcome at **no extra charge**. Any cancellation or substitution requests should be made to info@LMDconference.com

Confirmation Details / Shipping Policy

SyllabusX conference registration is electronic only. No items will be shipped in hard copy via mail or postal service. After completing registration online or emailing a registration form, you will receive a confirmation email with a summary of your registration details, which we recommend you retain for your own records. Delegates can receive their printed badge upon presenting a valid government-issued ID. If you do not receive an email confirming your registration details two weeks prior to the conference, please contact SyllabusX.

Group Registration Discount: Complimentary Registrations are available for groups of three paid attendees or more from the same organization are available.



- ☐ 1 for every 3 paid registrations
- ☐ 2 for every 5 paid registrations
- ☐ 3 for every 7 paid registrations
- ☐ 5 for every 10 paid registrations

Type	Package	Super Early Bird By 12.29.23	Early Bird By 02.29.24	Standard	Delegates	Total
Full Conference Registration & Exposition	Retailer, Brands, Restaurateurs & Fulfillment Centers	<input type="checkbox"/> \$785	<input type="checkbox"/> \$885	<input type="checkbox"/> \$985		
	Technologies, 3PL, Fleets & Others	<input type="checkbox"/> \$1,785	<input type="checkbox"/> \$1,885	<input type="checkbox"/> \$1,985		
	Sponsors & Exhibitors (Additional Pass)	<input type="checkbox"/> \$1,485	<input type="checkbox"/> \$1,585	<input type="checkbox"/> \$1,685		

Hosted Buyer Meetings

Powered by **WanaMeet**

Total Amount Due

Type	Package	Benefits	Details	Delegates
Full Conference Registration & Exposition*	Retailer, Brands, Restaurateurs & Fulfillment Centers	Free Ticket	Qualified and approved executives can receive a free ticket in exchange for taking eight (8) 15-minute onsite meetings with Premium WanaMeet Meetings.	
		Up to \$750 Travel & Hotel Reimbursement	In addition to the free ticket, qualified and approved executives have the opportunity to claim reimbursement of up to \$750 for travel and hotel expenses, in exchange of taking 12 or more meetings (additional 4+ meetings).	

* To finalize your Hosted Buyer Meetings registration, you must complete Hosted Buyer Meetings online form by visiting: www.LMDconference.com/hosted_buyer or complete Hosted Buyer Meeting form.

Payment Details

☐ CHECK is enclosed payable to SyllabusX

☐ CHARGE (Indicate type) ☐ Visa ☐ Mastercard ☐ American Express

Name on Card _____ Security Code _____

Account # _____ Exp. Date _____

Billing Address _____

City _____ State _____ Zip _____ Country _____

Cardholder Signature _____ Date _____

WAYS TO REGISTER

Register Online:
www.LMDconference.com

Register by Email:
Send registration form and credit card info or purchase order to info@LMDconference.com

Register by Phone:
Call 703-466-0022
8AM-5PM (ET)

Register by Mail:
SyllabusX, Inc.
1900 Campus Commons Drive Reston, VA 20191

If you have questions, please contact us at (703) 466-0022, or via e-mail at info@LMDconference.com.

Page 1 of 2

June 24-25, 2024

Group Registration Form Complete

Reset Print Form

this registration form if you would like to register 3 or more individuals from your company or organization

Group Name Total Number of Registrants

Group Registrant Information

Name(s) of Paid Registrant(s)

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)

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.