





Registration For	Delegate Registration Form					Print Form		
Email this form to	Please save the filled form on your PC and email as an attachment This form may be copied for additional registrations.							
Main Croup Coor	Venue: Las Vegas							
Main Group Coord Contact person for	trations	Refund Policy, Delegate Cancellations and Transfer Registration cancellation requests received in writing at least thirty days (30						
Name	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							
Title			should be made to info@LMDconference.com Confirmation Details / Shipping Policy					
Email			SyllabusX conference registration is electronic only. No items will be shipped in hard copy via mail or postal service. After completing registration online or					
Phone		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						
Company/Organiza								
Name			confirming your replease contact Sy			weeks prior to the	e conferenc	æ,
Туре	Number of Employe	ees	Group Registration Discount: Complimentary Registrations are available for groups of three paid attendees or more from the same organization are					
Website			available.	o paia a	tionacco or m		o organiza	
Address 1					1 for 6	every 3 paid regi	strations	
Address 2			Group Special		2 for 6	every 5 paid regi	strations	
City State			Offer		3 for 6	every 7 paid regi	strations	
Zip	Country				5 for every 10 paid registrations			
Туре	Package	Super Early Bird By 03.27.25	Early Bird By 04.25.25	S	tandard	Delegates	То	tal
Full Conference Registration & Exposition	Retailer, Brands, Restaurateurs & Fulfillment Centers	\$175	\$185		\$195			
	Fleets & 3PL	\$175	\$185		\$195			
	Technologies & Vendors	\$1,785	\$1,885		\$1,985			
	Sponsors & Exhibitors (Additional Pass)	\$885	\$950		\$985			
					Total	Amount Due		
				18/83/	3 TO DECIS			
Payment Details	WAYS TO REGISTER Register Online:							
CHECK is enclosed CHARGE (Indicate	www.LMDconference.com							
Name on CardSecurity Code					Register by Email: Send registration form and credit card info or purchase order to info@LMDconference.com			
Account #		Exp. Date	MM YY		ter by Phon			
Billing Address		Call 703-466-0022 8AM-5PM (ET)						
City	StateZip	Country_			ter by Mail:			
Cardholder Signatui	re [Date	YYYY		ousx, Inc. Campus Con	nmons Drive Res	ston, VA 2	0191



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



June 25-26, 2025

Group Registration Form Complete

Reset Print Form

Gro	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 ac	dd more registrants, pleas	se copy this page.											
Nam	ne(s) of Free Regist	trant(s)											
No.	First Name	Last Name	Title	Company/Organization	Email								
1													
2													
3													
4													
5													

To add more registrants, please copy this page.

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