

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

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.

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/Province _____

Zip _____ Country _____

Location: Toronto, Canada

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.

**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

Type	Super Early Bird By 02.06.26 US\$	Early Bird By 03.06.26 US\$	Standard US\$	Delegates	Total
Full Conference Registration & Exposition	☐ \$850	☐ \$885	☐ \$985		
Total Amount Due					

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/Province _____ 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



May 7-8, 2026

Group Registration Form [Reset](#) [Print Form](#)

Complete 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.