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Delegate Registration Form

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Select Your Location to Register

- 
- Ontario, Canada**
- 
- Las Vegas, NV, USA**
- 
- May 7-8                      October 22-23

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

**Super Early Bird:** Prior to 90 days before the start of the selected event.  
**Early Bird:** 60 days before start of the selected event.  
**Standard Rate:** Any time before start of the selected event.

**Main Group Coordinator Contact Information**

Contact person for any questions regarding these registrations

 Name \_\_\_\_\_  
 Title \_\_\_\_\_  
 Email \_\_\_\_\_  
 Phone \_\_\_\_\_ Mobile \_\_\_\_\_

**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.

**Company/Organization Details**

 Name \_\_\_\_\_  
 Type \_\_\_\_\_ Number of Employees \_\_\_\_\_  
 Website \_\_\_\_\_  
 Address 1 \_\_\_\_\_  
 Address 2 \_\_\_\_\_  
 City \_\_\_\_\_ State/Province \_\_\_\_\_  
 Zip \_\_\_\_\_ Country \_\_\_\_\_

**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   | Super Early Bird US\$            | Early Bird US\$                  | Standard US\$                    | Delegates | Total |
|--|----------------------------------|----------------------------------|----------------------------------|-----------|-------|
| <b>Full Conference Registration &amp; Exposition</b> | <input type="checkbox"/> \$1,150 | <input type="checkbox"/> \$1,200 | <input type="checkbox"/> \$1,250 |           |       |
| 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](http://www.LMDconference.com)
**Register by Email:**  
 Send registration form and credit card info or purchase order to [info@LMDconference.com](mailto: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

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.