



Registration For ☐ LMD Conference ☐ 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.

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	Standard	Delegates	Total
Full Conference Registration & Exposition	<input type="checkbox"/> \$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 _____ 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



October 16-17, 2025

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.