

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

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
Full Conference Registration & Exposition	<input type="checkbox"/> \$850	<input type="checkbox"/> \$885	<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/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

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.