

# 2020 EDGE CONFERENCE REGISTRATION FORM

September 20 – 23 • Gaylord Palms Resort & Convention Center  
 Orlando, Florida



## Registrant Information

Prefix \_\_\_\_\_ Suffix \_\_\_\_\_  Male  Female

First/Given Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name/Surname \_\_\_\_\_ Nickname \_\_\_\_\_

Title \_\_\_\_\_ Company \_\_\_\_\_

Street Address/PO Box \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Phone \_\_\_\_\_ E-Mail \_\_\_\_\_ 2<sup>nd</sup> E-Mail \_\_\_\_\_

By providing my e-mail address on this form, I understand that it will be used to complete this transaction and receive electronic communications from CSCMP regarding membership, benefits, and event notifications.

### EDGE CONFERENCE REGISTRATION

*Includes all conference events, meals (breakfast, lunch, and receptions), and materials.*

<input type="checkbox"/> Registration Rate .....	\$2,495	<b>Become a Member and SAVE!</b>
<input type="checkbox"/> Professional Member Rate .....	\$1,895 →	<input type="checkbox"/> \$325 + \$1,895 .....
<input type="checkbox"/> Young Professional Member Rate .....	\$995 →	<input type="checkbox"/> \$175 + \$995 .....
<input type="checkbox"/> Educator Rate .....	\$995 →	<input type="checkbox"/> \$325 + \$995 .....
<input type="checkbox"/> Student Member Rate .....	\$450 →	<input type="checkbox"/> \$40 + \$450 .....

### SPECIAL DIETARY NEEDS

Gluten-Free  
 Vegan  
 Vegetarian  
 Other: \_\_\_\_\_

### ACADEMIC RESEARCH SYMPOSIUM (ARS) REGISTRATION

**Sunday, September 20 • Gaylord Palms Resort & Convention Center**

*This event is open to all conference attendees at no additional cost. Registration below is for participants ONLY attending the ARS and not the full EDGE Conference.*

Registration Rate .....\$500     Member Rate .....\$350

### ADDITIONAL INFORMATION

*Check all that apply.*

Require Special Assistance  
 Speaker  
 Attending Academic Research Symposium  
 Volunteer for Registration Committee

## Payment Information\*\*

**Check:** Check # \_\_\_\_\_ Amount of Check \$ \_\_\_\_\_

*Please note: Make checks payable to CSCMP in US dollars drawn on a US Federal Reserve System Bank.*

**Credit Card:**     American Express     Discover     MasterCard     Visa

Credit Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_

Name on Credit Card \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_

Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Signature \_\_\_\_\_

**Cancellation Policy:** Cancellations received by 11:59 pm CST will be refunded: 100% (by July 15, 2020) and 50% (July 16 – August 15, 2020). No refunds will be accepted after August 16, 2020. All cancellations must be made by e-mail to [conference@cscmp.org](mailto:conference@cscmp.org) CSCMP memberships are nontransferable and never refunded. Cancellation of travel and hotel reservations are the sole responsibility of the registrant.

I have read and understand the cancellation policy.

Signature \_\_\_\_\_

### IMPORTANT INFORMATION

- Payment must accompany your registration form. Registration rates do not include hotel or travel.
- CSCMP assesses a \$50 processing fee for any payment that fails to clear the bank.
- By registering and attending CSCMP meetings and other activities, you consent to allow CSCMP to use/distribute (both now and in the future) your image or voice in photographs, videotapes, and audiotapes of such events and activities.

*\*Unless otherwise noted, coupon codes do not apply to Young Professional, Student, Corporate Members and Educators.*

*\*\*Attendees registering at the member rate must maintain their active CSCMP memberships through the conclusion of the educational event for which they are registered.*