

# 2017 ANNUAL CONFERENCE REGISTRATION FORM

September 24-27 • Georgia World Congress Center • Atlanta, Georgia



## 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.

### ANNUAL 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 .....    |

Are you attending the Academic Research Symposium?  Yes  No  Undecided

### ACADEMIC RESEARCH SYMPOSIUM (ARS) REGISTRATION

**Sunday, September 24 • Georgia World Congress Center**

Formerly the Educators' Conference, this event is open to all conference attendees at no additional cost. Registration below is for participants **ONLY attending the ARS** and not the Annual Conference.

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

## 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 \_\_\_\_\_

**New Cancellation Policy (as of 06/28/2017):** Cancellations received by 11:59 pm CST will be refunded: 100% (by July 31, 2017) and 50% (August 1 - 30, 2017). No refunds will be accepted after September 1, 2017. All cancellations must be made by e-mail to [membership@cscmp.org](mailto:membership@cscmp.org). CSCMP memberships are nontransferable and never refunded. Cancellations of travel and hotel reservations are the sole responsibility of the registrant.

I have read and understand the cancellation policy. Signature \_\_\_\_\_

### ADDITIONAL INFORMATION

Check all that apply.

Special Dietary Needs/Allergies

Require Special Assistance

2017 Annual Conference Speaker

First CSCMP Annual Conference

Volunteer for Registration Committee

### 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, and 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.*