

2019 EDGE CONFERENCE GROUP REGISTRATION FORM

September 15 – 18 • Anaheim Convention Center • Anaheim, California



Group Main Contact Information

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 _____ 2nd 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 GROUP REGISTRATION

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

Names of Paid Registrants	Member* (\$1,895)	Nonmember (\$2,495)	Join Today (\$325)
1. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name(s) of Free Registrant(s)

1. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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, 2019) and 50% (July 16 – August 15, 2019). No refunds will be accepted after August 16, 2019. All cancellations must be made by e-mail to 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 _____

GROUP SPECIAL OFFERS

Please check one.

- Small team (4 registrations total)**
3 full price registrations + 1 free
- Medium team (7 registrations total)**
5 full price registrations + 2 free
- Large team (10 registrations total)**
7 full price registrations + 3 free

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.

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

Group Contact Information

Special Dietary Needs/Allergies Special Assistance Attending Academic Research Symposium

First/Given Name _____ Middle Initial ____ Last Name/Surname _____ Nickname _____

Title _____ Company _____

Street Address/PO Box _____

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