

2019 EDGE CONFERENCE REGISTRATION FORM

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



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 _____ 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 REGISTRATION

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

<input type="checkbox"/> Registration Rate	\$2,495	Become a Member and SAVE!
<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

Coupon Code* _____

ADDITIONAL INFORMATION

Check all that apply.

- Special Dietary Needs/Allergies
- Require Special Assistance
- 2019 Annual Conference Speaker
- Attending Academic Research Symposium
- Volunteer for Registration Committee

ACADEMIC RESEARCH SYMPOSIUM (ARS) REGISTRATION

Sunday, September 15 • Anaheim 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

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 _____

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.