

2020 EDGE CONFERENCE GROUP REGISTRATION FORM

September 20-23 | Gaylord Palms Resort & Convention Center | Orlando, Florida



CSCMP is pleased to offer special rates to groups of three or more attending EDGE 2020. Choose from one of the options below, or contact us at corporate@cscmp.org or +1 630.645.3479 to discuss a custom option to meet your needs.

<input type="checkbox"/> OPTION 1 Non-Member Rate	<input type="checkbox"/> OPTION 2 Corporate Member Rate	<input type="checkbox"/> OPTION 3 Group Rate
<p>5 Registrations \$12,475</p> <ul style="list-style-type: none"> Membership not included. Additional registrations available at \$2495 per person 	<p>3 Registrations \$6,500 (Save 15%)</p> <p>Additional Benefits include:</p> <ul style="list-style-type: none"> 6 Annual Memberships included Preferred pricing on additional benefits Add Registrations for just \$1595 each Memberships and registrations are transferrable Added company visibility 	<p>5 Registrations Only* \$9,025 (Save 5%)</p> <ul style="list-style-type: none"> Additional registrations available at \$1895 per person <p>*Membership required: Each attendee must have an active individual membership through the conclusion of EDGE. Membership dues are \$325 per person.</p>

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.

Please provide complete contact information for each individual on page two.

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 _____

Group Cancellation Policy: Group registrations are nonrefundable. All terms and conditions can be found on the EDGE website at CSCMPEDGE.org/Register.

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.
- **Substitution Policy:** Registrant substitutions are only available to corporate member companies. All terms and conditions can be found online at CSCMPEDGE.org/Register
- 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 _____

City _____ State/Province _____ Zip/Postal Code _____ Country _____

Phone _____ E-Mail _____ 2nd E-Mail _____

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