

2017 ANNUAL CONFERENCE REGISTRATION FORM



Nickname

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

Dogiotropt	Information
Registrant	เบเดเบลแดก

Prefix Suffix	x	☐ Female			
First/Given Name	Middle Initia	al Last N	ame/Surname	Nickname	
Title		Comp	oany		
Street Address/PO Box _					
City	State/Province		Zip/Postal Code	Country	
Phone	E-Mail		2 nd E-N	/lail	
	address on this form, I understand tha bership, benefits, and event notificatio		d to complete this transaction	on and receive electronic communications from	
ANNUAL CONFEREN	ICE REGISTRATION Counts, meals (breakfast, lunch, and rece		aterials.	ADDITIONAL INFORMATION Check all that apply.	
☐ Professional Member ☐ Young Professional M ☐ Educator Rate ☐ Student Member Rate		☐ \$325 + ☐ \$175 + ☐ \$325 + ☐ \$40 + \$	Member and SAVE! \$1,895\$2,220 \$995\$1,170 \$995\$1,320 450\$490	 ☐ Special Dietary Needs/Allergies ☐ Require Special Assistance ☐ 2017 Annual Conference Speaker ☐ First CSCMP Annual Conference ☐ Volunteer for Registration Committee 	
ACADEMIC RESEAR	ademic Research Symposium? CH SYMPOSIUM (ARS) REG eorgia World Congress Center		□ No □ Undecided	IMPORTANT INFORMATION • Payment must accompany your registry form Positive time rates do not include.	
Formerly the Educators' Con	nference, this event is open to all conti ticipants ONLY attending the ARS a	nd not the Ani		form. Registration rates do not include or travel. CSCMP assesses a \$50 processing fe any payment that fails to clear the bank Substitution/Transfer Policy: Registr substitutions of equal membership leve	
Payment Infor	mation*			(e.g., professional-to-professional) will accepted, minus a \$150 transfer fee.	
Check: Check#	Amount of 0	Check \$		Substitution requests will not be accept	
Please note: Make checks pa	ayable to CSCMP in US dollars drawn or	n a US Federal	Reserve System Bank.	after September 1, 2017. Please note: Substitution requests must come from	
☐ Credit Card: ☐ An	nerican Express	☐ Maste	erCard 🗌 Visa	original registrant and include the origin registrant's name, membership level, a amount paid, plus a completed registra form by the replacement attendee. Sen	
Expiration Date	Security	Code		registration substitution requests to	
Name on Credit Card				membership@cscmp.org.By registering and attending CSCMP	
Billing Address				meetings and other activities, you cons to allow CSCMP to use/distribute (both	
City	State/Province		_	and in the future) your image or voice in photographs, videotapes, and audiotapes	
Zip/Postal Code	Country			such events and activities.	
Signature				*Unless otherwise noted, coupon codes do apply to Young Professional, Student, and	
100% (by July 31, 2017) and 3 All cancellations must be mad	of 09/24/ 2016): Cancellations received 50% (August 1 - 14, 2017). No refunds view by e-mail to membership@cscmp.or unded. Cancellations of travel and hotel	vill be accepted g. CSCMP me	l after August 15, 2017. mberships are	apply to Young Professional, Student, and Corporate Members and Educators. **Attendees registering at the member rate r maintain their active CSCMP memberships through the conclusion of the educational efor which they are registered.	
☐ I have read and understar	nd the cancellation policy. Signature			is which arey are registered.	

ADDITIONAL INFORMATION

Officer all trial 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.
- Substitution/Transfer Policy: Registrant substitutions of equal membership levels (e.g., professional-to-professional) will be accepted, minus a \$150 transfer fee. Substitution requests will not be accepted after September 1, 2017. Please note: Substitution requests must come from the original registrant and include the original registrant's name, membership level, and amount paid, plus a completed registration form by the replacement attendee. Send registration substitution requests to membership@cscmp.org.
- 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.