

# 2017 ANNUAL CONFERENCE GROUP REGISTRATION FORM

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



## Group Main Contact 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 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 \_\_\_\_\_

**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 - 31, 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 \_\_\_\_\_

## 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.*