



# 2<sup>nd</sup> LAST MILE DELIVERY SUMMIT & EXPO

October 22-23, 2020 • LAS VEGAS

October 22-23, 2020

Delegate Registration Form

[Reset](#) [Print Form](#)

Email this form to register now!

Email: [info@lmdsummit.com](mailto:info@lmdsummit.com)

Please save the filled form on your PC and email as an attachment This form may be copied for additional registrations.

**Venue:** TBC

## Main Group Coordinator Contact Information

Contact person for any questions regarding these registrations

### Refund Policy, Delegate Cancellations and Transfer

Registration cancellation requests received in writing at least thirty days (30 days) prior to the event will qualify for a full refund and less than 5% administrative fee. Should the original delegate be unable to attend, a **substitute delegate** is welcome at **no extra charge**. Any cancellation or substitution requests should be made to **info@lmdsummit.com**

Name \_\_\_\_\_

Title \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_ Mobile \_\_\_\_\_

### Confirmation Details / Shipping Policy

LMD-2020 conferences registration is electronic only. No items will ship in hard copy via mail or postal service. After completing registration online or emailing a registration form, you will receive a confirmation email with a summary of your registration details, which we recommend you retain for your own records. Delegates can receive their printed badge upon presenting a valid government-issued ID. If you do not receive an email confirming your registration details two weeks prior to the conference, please contact Syllabusx.

## Company/Organization Details

Name \_\_\_\_\_

Type \_\_\_\_\_ Number of Employees \_\_\_\_\_

Website \_\_\_\_\_

Address1 \_\_\_\_\_

Address 2 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ Country \_\_\_\_\_

**Group Registration Discount:** Complimentary Registrations are available for groups of three paid attendees or more from the same organization are available.

**Registration fees** are inclusive of program materials, conference breakfast, lunch and breaks.



- Small Team (3 Registrations Total)**  
2 Full Price Registrations +1 Free
- Medium Team (5 Registrations Total)**  
3 Full Price Registrations + 2 Free
- Large Team (7 Registrations Total)**  
4 Full Price Registrations + 3 Free

Registration Type	By 2.28.20	By 3.27.20	Standard	Onsite	Delegates	Total
Industry	<input type="checkbox"/> \$1,685	<input type="checkbox"/> \$1,785	<input type="checkbox"/> \$1,885	<input type="checkbox"/> \$1,985		
Government and Academia*	<input type="checkbox"/> \$855	<input type="checkbox"/> \$950	<input type="checkbox"/> \$985	<input type="checkbox"/> \$995		
Conference Documentation	<input type="checkbox"/> \$885	<input type="checkbox"/> \$950	<input type="checkbox"/> \$985	<input type="checkbox"/> \$995		
Startup Showcase (Startup Zone)**	<input type="checkbox"/> \$1,985	<input type="checkbox"/> \$2,085	<input type="checkbox"/> \$2,185	<input type="checkbox"/> \$2,285		
Startup Showcase, Additional Registrant	<input type="checkbox"/> \$985	<input type="checkbox"/> \$1,085	<input type="checkbox"/> \$1,185	<input type="checkbox"/> \$1,285		
					<b>Total Amount Due</b>	

\* Valid Active Federal government Id or valid Student Id required

\*\* Startup Showcase Package Includes 1 Conference Pass, and 1 Standard Exhibit Table in the Startup Zone.

## Payment Details

Please find attached check payable to Syllabusx.

Please charge my  Visa  Master Card  American Express

Name on Card \_\_\_\_\_ Security Code \_\_\_\_\_

Account # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ Country \_\_\_\_\_

Cardholder Signature \_\_\_\_\_ Date \_\_\_\_\_

I have ADA needs. Explain: \_\_\_\_\_

## Ways to Register

### Register Online:

[www.lmdsummit.com](http://www.lmdsummit.com)

### Register by Email:

Send registration form and credit card info or purchase order to [info@lmdsummit.com](mailto:info@lmdsummit.com)

### Register by Phone:

Phone your registration by calling 703-596-1203 with your Visa, MasterCard or purchase order information

### Register by Mail:

Send form with check or credit card information to Syllabusx, 11250 Roger Bacon Drive #10, Reston, VA 20190

### Register Onsite:

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LMD-2020 Group Registration Form

Reset Print Form

Complete this registration form if you would like to register 3 or more individuals from your company or organization to attend the LMD-2020 Conference in Las Vegas, Nevada.

Group Name \_\_\_\_\_ Total Number of Registrants \_\_\_\_\_

## Group Registrant Information

### Name(s) of Paid Registrant(s)

No.	First Name	Last Name	Title	Company/Organization	Email
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

To add more registrants, please copy this page.

### Name(s) of Free Registrant(s)

No.	First Name	Last Name	Title	Company/Organization	Email
1					
2					
3					
4					
5					
6					
7					
8					

To add more registrants, please copy this page.