CSCMP 2020 edge SUPPLY CHAIN VIRTUAL CONFERENCE & EXHIBITION

EDGE 2020 LIVE!
GROUP REGISTRATION FORM

September 20-23 | Virtual Event

CSCMP

CSCMP is pleased to offer special rates to groups of ten or more attending EDGE 2020 Live! 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.

☐ **OPTION 1** **Non-Member Rate**	☐ **OPTION 2** **Corporate Member Rate**	☐ **OPTION 3** **Group Rate**
10 Registrations ONLY ***$5,900*** • Membership not included. Additional registrations available at $590 per person	10 Registrations, PLUS 1-year Memberships ***$4,950 (Save 15%)*** Additional Benefits include: • 10 Annual Memberships included • Preferred pricing on additional benefits • Add Registrations for just $195 each • Memberships and registrations are transferrable • Added company visibility	10 Registrations PLUS 6-month Memberships ***$5,450 (Save 5%)*** • Additional registrations (included 6-month membership) available at $545 per person

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

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.*

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.*

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.*

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.*

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.*

Group Contact Information (cont.)

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.*

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.*

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.*

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.*

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*