

REGISTRATION FORM



Registrant Information

Full Name: _____ E-mail: _____

Badge Name: _____ Please indicate any need for special accommodations (allergies, handicaps, etc.)

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

In case of emergency during conference, please contact:
Name: _____
Phone: _____

Registration Options

Save by Joining PGMS Now

Please check one:

PGMS Member

On/Before July 6 - \$155

After July 6 - \$185

Non-Member

On/Before July 6 - \$190

After July 6 - \$205

Non-Industry Spouse

On/Before July 6 - \$80

After July 6 - \$90

Please check the appropriate membership:

New Active - \$225

New Affiliate - \$175

New Supplier - \$400

New Institutional Membership \$450 (up to four individuals at the same institution can be members.)

Subtotal Membership \$ _____

Supplier Registration

Payment Information

Supplier: (includes table top display and conference registration)

PGMS Supplier Member

On/Before July 6 - \$300

After July 6 - \$325

Non-Supplier Member

On/Before July 6 - \$450

After July 6 - \$475

Subtotal Attendance: \$ _____

Subtotal PGMS Dues: \$ _____

Total: \$ _____

Enclosed is my check payable to PGMS.

Please charge my: Visa MC AmEx

Card Number: _____

Exp. Date: _____ Security Code: _____

Cardholder Name: _____

Billing Address: _____

Signature: _____

School Cancellation Policy

School cancellations received in writing prior to July 16, 2018 will receive a full refund less a \$25.00 processing fee. No refunds will be provided after July 16, 2018.

You can submit your form to PGMS at:

9 Newport Dr., Suite 200, Forest Hill, MD 21050 | Fax: 443-640-1031 | info@pgms.org