

PTDA 2024 INDUSTRY IMMERSION CONFERENCE REGISTRATION FORM

FULLY COMPLETE THIS FORM AND RETURN WITH PAYMENT OR REGISTER ONLINE AT:

ptda.org/IndustryImmersionRegistration. Except for spouses and companions, each individual attending must register separately. To register additional individuals from your firm, please copy this page or select Register Someone Else from the online registration page.

Full Name _____

Name for Badge, if different _____

Title _____

Company _____

Address _____

City _____ Province/State _____

Postal Code/ZIP _____ Country _____

Phone _____

Email _____

Linkedin URL _____

Special Dietary Needs _____

Emergency Contact Name _____

Emergency Contact Phone _____

REGISTRATION FEES*

DELEGATE REGISTRATION

	BY JANUARY 31	AFTER JANUARY 31	SUBTOTAL
PTDA Member	US\$495	US\$595	_____

If you are not a member of PTDA but are interested in attending, please contact us.

Optional Events:

February 28 Reception & Dinner US\$100 _____

February 29 Reception & Dinner US\$100 _____

DELEGATE TOTAL _____

Are you Next Gen (40 years of age or younger)? Yes No

Are you a woman in the industry? Yes No

SPOUSE/COMPANION REGISTRATION

Spouse/Companion Name _____

Special Dietary Needs _____

February 28 Reception & Dinner US\$100 _____

February 29 Reception & Dinner US\$100 _____

SPOUSE/COMPANION TOTAL _____

Return payment and this form to:

PTDA

230 W Monroe St. Ste 1410

Chicago, IL USA 60606-4703

Fax: +1.312.516.2101 | ptda@ptda.org



PAYMENT OPTIONS (Please note, registration not final until paid in full.)

I have enclosed a check for US\$ _____

Charge my credit card US\$ _____

I have submitted an ACH payment for US\$ _____

To pay by wire or ACH, please visit ptda.org/ACH or contact PTDA at ptda@ptda.org or +1.312.516.2100.

Credit Card Number _____

Exp. Date _____ Security Code _____

Cardholder Name _____

Cardholder Address _____

Cardholder Signature _____