









May 15-17, 2024 ¥ Las	yegas CONTENEINCE	May 15-16, 2024	LAS VEGAS	May 15-16, 2024 Las	VEGAS MA	y 15-16, 2024 LAS VEGAS
Join Us! Select Your Event to Reg		CPC □ ES œ 15⊟Ï Ma			☐ ReX May 15-16	☐ WRX May 15-1
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Email this form to register Email: info@syllabusx.com	r now!	Please save the	,			
Main Group Coordinator C Contact person for any ques Name	stions regarding these registrations	Refund Policy cancellation recto the event will Should the origon substitute delegable substitution rectangle.	quests receive Il qualify for a f jinal delegate e gate is welcom	d in writing at ull refund less exhibitor/spon e at no extra	least forty-five 5% administration be unable to charge. Any ca	(45 days) prior ative fee. to attend, a ancellation or
Title		Communation				
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Phone	Fax	registration for your registratio				
Mobile No. (Optional)		records.	ration Discour	- 4 -0	tom / Domintrati	
Organization Details		Group Registr available for gr	oups of three p			
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Registration Type	1	Super Early Bird By February 15	Early Bird By March 15	Standard	Delegates	Total
Academic, Nonprofit	Conference Only	\$785	\$885	\$985		
& Government Organizations	Conference & Workshop	\$1,285	\$1,335	\$1,385		
Commercial	Conference Only	\$1,145	\$1,195	\$1,270		
Registration	Conference & Workshop	\$1,385	\$1,435	\$1,485		
Payment Information					ίΩξ [ˇ}σÁ[¦ gistrant(s)	
CHARGE (Indicate type) Name on Card Account # Billing Address		•		AYS TO REGI		
•	ateZip			gister by Em		
Cardholder Signature	Date	DD 2000/	⊣ ;	Send registrat	ion form and	

credit card info or purchase order to info@syllabusx.com

Register by Phone: Call 703-466-0011 8AM-5PM (ET)

Register by Mail

Syllabusx, Inc. 1900 Campus Commons Drive Reston, VA 20191

Daytime Phone

_ Date L____

CHECK is enclosed payable to SyllabusX MONEY ORDER is enclosed payable to SyllabusX

PURCHASE ORDER* NO.

Billing Organization _

Attention _

Signature

Billing Email

Purchase Order must be attached and list all participant(s)

* We accept purchase orders from City, County, State, Tribal and Federal Agencies.





Complete this registration form if you would like to register 3 or more individuals from







May 15-17, 2024

Group Registration Form

Reset Print Form

our agency of organization to attend the GGP Conference in Las vegas	
Group Name	Total Number of Registrants

Name(s) of Paid Registrant(s) Group Registrant Information					
No.	First Name	Last Name	Title	Agency/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	Agency/Organization	Email
1					
2					
3					
4					
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7					
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To add more registrants, please copy this page.