



Join Us!

Bring your entire team this year and take advantage on exclusive discounts!

[Send Form](#)

[Save](#)

Email this form to register now!

Email: info@syllabusx.com

Please save the filled form on your PC and email as an attachment

Main Group Coordinator Contact Information

Contact person for any questions regarding these registrations

Name _____

Title _____

Email _____

Phone _____ Fax _____

Mobile No. (Optional) _____

Refund Policy, Delegate Cancellations and Transfer: Registration cancellation requests received in writing at least forty-five (45 days) prior to the event will qualify for a full refund less 5% administrative fee. Should the original delegate exhibitor/sponsor be unable to attend, a substitute delegate is welcome at no extra charge. Any cancellation or substitution requests should be made to info@syllabusx.com

Confirmation Details / Shipping Policy: SyllabusX 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.

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

Organization Details

Organization _____

Type _____

Website _____

Address1 _____

Address2 _____ City _____

State _____ Zip _____ Country _____



- 1 for every 3 Paid Registrations
- 2 for every 5 Paid Registrations
- 3 for every 7 Paid Registrations
- 4 for every 10 Paid Registrations

Registration Type		Super Early Bird By February 15	Early Bird By March 15	Standard	Delegates	Total
Academic, Nonprofit & Government Organizations	Conference Only	\$785	\$885	\$985		
	Conference & Workshop	\$1,285	\$1,335	\$1,385		
Commercial Registration	Conference Only	\$1,145	\$1,195	\$1,270		
	Conference & Workshop	\$1,385	\$1,435	\$1,485		

Number of _____
Paid Registrant(s)

Payment Information

CHARGE (Indicate type) Visa Mastercard American Express

Name on Card _____ Security Code _____

Account # _____ Exp. Date _____

Billing Address _____

City _____ State _____ Zip _____

Cardholder Signature _____ Date _____

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

PURCHASE ORDER* NO. _____

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

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

Billing Organization _____

Attention _____

Billing Email _____ Daytime Phone _____

Signature _____ Date _____

WAYS TO REGISTER

Register Online:
www.CCPconference.com

Register by Email:
Send registration 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



May 14-16, 2025

Group Registration Form

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

Complete this registration form if you would like to register 3 or more individuals from your agency or organization to attend the CCP 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					
5					
6					
7					
8					
9					
10					

To add more registrants, please copy this page.