

June 17-19, 2020 Washington, DC

Group Registration Form

Reset Save Print Form

Please save the filled form on your PC and email as an attachment This form may be copied for additional registrations.

Conference: June 17-18, 2020 **Workshop:** June 19, 2020

Venue: Hilton Washington Dulles

Refund Policy, Delegate Cancellations and Transfer

Registration cancellation requests received in writing at least thirty days (30 days) prior to the event will qualify for a full refund and less than 5% administrative fee. Should the original delegate be unable to attend, a **substitute delegate** is welcome at **no extra charge**. Any cancellation or substitution requests should be made to **info@cov-s.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. Delegates can receive their printed badge upon presenting a valid government-issued ID. If you do not receive an email confirming your registration details two weeks prior to the conference, please contact Syllabusx.

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

Registration Fees are inclusive of program materials, conference breakfast, lunch and breaks.

Email this form to register now!

Email: info@cov-s.com

Main Group Coordinator Contact Information

Contact person for any questions regarding these registrations

Name _____

Title _____

Email _____

Phone _____ Fax _____

Mobile No. (Optional) _____

Company/Organization Details

Name _____

Type _____ Number of Employees _____

Website _____

Address1 _____

Address2 _____ City _____

State _____ Zip _____ Country _____



- Small Team (4 Registrations Total)**
3 Full Price Registrations + 1 Free
- Medium Team (7 Registrations Total)**
5 Full Price Registrations + 2 Free
- Large Team (10 Registrations Total)**
7 Full Price Registrations + 3 Free

Registration Type		By 2.28.20	By 3.27.20	Standard	Delegates	Total
Academic, Nonprofit & Government Organizations	Conference Only	<input type="checkbox"/> \$965	<input type="checkbox"/> \$985	<input type="checkbox"/> \$998		
	Conference & Workshop	<input type="checkbox"/> \$1,285	<input type="checkbox"/> \$1,385	<input type="checkbox"/> \$1,485		
Commercial Registration	Conference Only	<input type="checkbox"/> \$1,795	<input type="checkbox"/> \$1,895	<input type="checkbox"/> \$1,995		
	Conference & Workshop	<input type="checkbox"/> \$2,495	<input type="checkbox"/> \$2,595	<input type="checkbox"/> \$2,695		
CDC & NIH	Conference Only	<input type="checkbox"/> \$695	<input type="checkbox"/> \$795	<input type="checkbox"/> \$895		
	Conference & Workshop	<input type="checkbox"/> \$965	<input type="checkbox"/> \$985	<input type="checkbox"/> \$998		
Documentation	Conference Documentation	<input type="checkbox"/> \$895	<input type="checkbox"/> \$950	<input type="checkbox"/> \$985		

Payment Information

CHARGE (Indicate type) Visa Master Card 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) (Applicable to Government Agencies)

Billing Organization _____

Attention _____

Billing Email _____ Daytime Phone _____

Signature _____ Date _____

Total Amount for Paid Registrant(s)	
Total Amount for Free Registrant(s)	
Total Amount for All Registrant(s)	

Ways to Register

Register Online:
www.cov-s.com

Register by Email:
Send registration form and credit card info or purchase order to info@cov-s.com

Register by Mail:
Send form with check, PO or credit card information to Syllabusx, 11250 Roger Bacon Drive #10, Reston, VA 20190

Register Onsite:
June 17-19

Complete this registration form if you would like to register 3 or more individuals from your company or organization to attend the COVID-19 Conference in Washington, DC.

Group Name _____ Total Number of Registrants _____

Group Registrant Information

Name(s) of Paid Registrant(s)

No.	First Name	Last Name	Title	Company/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	Company/Organization	Email
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

To add more registrants, please copy this page.