PDI 2020 Registration

PDI 2020
MAY 27-29 | NASHVILLE



□ I am not an ASMC member □ I am an ASMC member /#						(m	ust be current)	THE LINE
Attendee Inf	formation (Please type	e or print form cle	arly in its	entirety. Co	mplete a sep	arate form	for each attendee.)	
Prefix	First Name					Last Name	· •	
Nickname (for name badge)								
	0 , -							
. ,								
•	•							
	pter Name							
		_						
Special Meals:	☐ Vege				l Kosher		iten-free	
I will participate	in the (must check one)): 🗖 USA	□ US	SAF	☐ Defense	e-Wide	□ USCG	☐ Dept of Navy
Payor Inform	nation (Please type or	print form cloarly i	n its onti	roty Plagga	complete a s	anarata for	n for each attended	١
•	Tullott (Fleuse Type Of			•	•	•		•
-							•	
Office Phone _		rax			E-IVIAII _			
Registration	Fee Schedule				PDI 203	20 Policie	95	
	breakfasts, three lunche	s. and one dinner	١					t be received in writing prior to
Member (prior to May 1) \square \$595 (on or after May 1) \square \$695					May 1, 2	020 to obta	ain a partial refund.	All refunds will be subject to an
Non-Member				-	administrative charge of \$50.00. Cancellations of pre PDI sessions will be subject to a \$10.00 administrative fee. Persons who register and fail to attend will not receive a refund.			
				,				
Pre PDI Sessio	ns (does not include tex	atbook or meals)			Registrat	ion Type C	hange Policy: Char	iges to registration type, such as
·		☐ May 25	·		Registration Type Change Policy: Changes to registration type, such as PDI attendee to virtual registration will be refunded or charged the price			
CDFM- Module II		☐ May 25 ☐ May 26 ☐ \$250			difference. There is no administrative fee for this type of change.			
CDFM- Module III		□ May 26 □ \$250			Substitution Policy: After May 1, persons substituting for other individuals			
CDFM- Module IV (textbook included) 2-day May 25 - 26 2475				at onsite PDI will be required to complete a transfer form in Nashville. Payment of registered attendee must transfer to the substitute to be				
					/	9		anster to the substitute to be PDI and Virtual PDI registrations.
Total Amount D	lue:						ualify for the paid re	
Total / Wildows Doc.					Change of Payment: Any change to payment method will be subject to			
					a \$50.00	charge.		
Payment Me					Privacy A	ct Stateme	ent: Section 6311 of	Title 5 to the U.S. Code autho-
(Checks supporting 1556 forms must include registrant's name, agency code/location, and document number.)					rizes collection of this information. The primary use of this information is			
	·				to record	accurate p	ayment information.	
☐ My check for	r is e	nclosed (payable t	o PDI 20	20).				
☐ Credit Card	(circle one)	AX MC	VI			S	END REGISTRATION	ON FORM
Card Number					POSTMARKED BY APRIL 24, 2020 TO: Registration Headquarters/PDI P.O. Box 50341 / Henderson, NV 89016 or Fax to: (866) 798-3706			
Exp. Date CSC								
Cardholder Signature								
Ü					PI	ease allow to	en working days for co	onfirmation of registration.
					You may also call (702) 798-8376 with credit card payment.			
■ I have read	and agree to the policie	s outlined above.						