

# 2019 Summer Legislative Meeting Registration Form



**SUMMER LEGISLATIVE CONFERENCE AND DAY ON THE HILL**

JULY 16-17, 2019  
WASHINGTON, DC

Fax this form to:  
703-709-7007

Use a separate form for each registrant from the company.

Photocopies of this form are acceptable.

If you require special services, please call:  
703-709-7000

REGISTER ONLINE  
WWW.SIGMA.ORG

Full Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Nickname for Badge: \_\_\_\_\_  
 Company: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_

Attending Spouse/Guest Name: \_\_\_\_\_  
 Spouse/Guest Nickname for Badge: \_\_\_\_\_  
 Spouse email: \_\_\_\_\_  
 Home address: \_\_\_\_\_  
 Home City: \_\_\_\_\_ Home State: \_\_\_\_\_ Home Zip: \_\_\_\_\_

Short Company Name for Badge: | | | | | | | | | | | | | | | | |  
 (Maximum 15 Characters)

## REGISTRATION FEES:

	RATES	AMOUNT DUE
MEMBER REGISTRATION FEE	\$100	
BUSINESS SERVICES PARTNER/NON MEMBER FEE	\$1000	
SPOUSE/ GUEST	\$0	
MONDAY NETWORKING EVENT	\$TBD	
TUESDAY GROUP DINNER	\$125	
<b>Total Amount Due</b>		

Check Enclosed       Credit Card (Visa MasterCard,  
or American Express, only)

Card # | | | | | | | | | | | | | | | | | | | | Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**RETURN THIS FORM TO: SIGMA, 3930 Pender Dr. #340, Fairfax, VA 22030  
 Phone: 703-709-7000; Fax: 703-709-7007**



**CANCELLATION POLICY:** Registrations cancelled in writing: Before March 1, 2019, Full Refund; Between March 2 June 30, 2019, Partial Refund; After July 1, 2019 No refund