

# 2019 Winter Legislative Conference Registration Form

**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	

**Total Amount Due**

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**



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

