



2nd LAST MILE DELIVERY SUMMIT & EXPO

October 22-23, 2020 • LAS VEGAS

October 22-23, 2020

Delegate Registration Form

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

Email this form to register now!

Email: sales@nordtree.com

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

Venue: TBC

Main Group Coordinator Contact Information

Contact person for any questions regarding these registrations

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@nordtree.com**

Name _____

Title _____

Email _____

Phone _____ Mobile _____

Confirmation Details / Shipping Policy

Nordtree 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 Nordtree.

Company/Organization Details

Name _____

Type _____ Number of Employees _____

Website _____

Address1 _____

Address 2 _____

City _____ State _____

Zip _____ Country _____

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.



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

Registration Type	By 2.28.20	By 2.28.20	Standard	Onsite	Delegates	Total
Industry	<input type="checkbox"/> \$1,685	<input type="checkbox"/> \$1,785	<input type="checkbox"/> \$1,885	<input type="checkbox"/> \$1,985		
Government and Academia*	<input type="checkbox"/> \$855	<input type="checkbox"/> \$950	<input type="checkbox"/> \$985	<input type="checkbox"/> \$995		
Conference Documentation	<input type="checkbox"/> \$885	<input type="checkbox"/> \$950	<input type="checkbox"/> \$985	<input type="checkbox"/> \$995		
Startup Showcase (Startup Zone)**	<input type="checkbox"/> \$1,985	<input type="checkbox"/> \$2,085	<input type="checkbox"/> \$2,185	<input type="checkbox"/> \$2,285		
Startup Showcase, Additional Registrant	<input type="checkbox"/> \$985	<input type="checkbox"/> \$1,085	<input type="checkbox"/> \$1,185	<input type="checkbox"/> \$1,285		
					Total Amount Due	

* Valid Active Federal government Id or valid Student Id required

** Startup Showcase Package Includes 1 Conference Pass, and 1 Standard Exhibit Table in the Startup Zone.

Payment Details

Please find attached check payable to Nordtree.

Please charge my Visa Master Card American Express

Name on Card _____ Security Code _____

Account # _____ Exp. Date _____

Billing Address _____

City _____ State _____

Zip _____ Country _____

Cardholder Signature _____ Date _____

I have ADA needs. Explain: _____

Ways to Register

Register Online:
www.nordtree.com

Register by Email:
Send registration form and credit card info or purchase order to sales@nordtree.com

Register by Phone:
Phone your registration by calling 703-596-1203 with your Visa, MasterCard or purchase order information

Register by Mail:
Send form with check or credit card information to Nordtree, 1750 Tysons Boulevard, Suite 1500, McLean, VA 22102

Register Onsite:
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LMD-2020 Group Registration Form

Reset Print Form

Complete this registration form if you would like to register 3 or more individuals from your company or organization to attend the LMD-2020 Conference in Las Vegas, Nevada.

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					

To add more registrants, please copy this page.