

THE 2019 PRIME SYMPOSIUM REGISTRATION FORM



Name _____ Title _____

Firm _____ City _____ State _____

Phone _____ Email _____

Name Badge _____ Dietary Restrictions _____

Alt. Contact _____ Alt. Contact Email _____

Firm Size < \$10M \$10M-\$20M \$20M-\$40M \$40M-\$75M \$75M-\$150M >\$150M

PLEASE SELECT YOUR PRIME PARTICIPATION OPTION

Each attendee must complete a registration form. Payment for more than one firm member may be made on the 1st attendee's payment option.

Nov. 5,6,7 PRIME SYMPOSIUM PACKAGE (Includes Workshop and PRIME Symposium)

1st attendee for the PRIME Workshop and Symposium 1 @ \$2,900 \$ _____
No. of additional attendees from same firm _____ @ \$2,300 \$ _____

Nov. 6-7 PRIME SYMPOSIUM ONLY

1st attendee for the PRIME Symposium Only 1 @ \$2,100 \$ _____
No. of additional attendees from same firm _____ @ \$1,800 \$ _____

Nov. 5 PRIME SYMPOSIUM WORKSHOP ONLY

Limited Availability

No. of attendees for PRIME Workshop Only No. of attendees _____ @ \$1,800 \$ _____

TOTAL REGISTRATION FEE

\$ _____

PLEASE SELECT A PAYMENT OPTION CHECK ENCLOSED CHARGE MY VISA / MASTERCARD / AMEX

CREDIT CARD PAYMENT INFORMATION

Card # _____ - _____ - _____ Exp. Date _____ / _____

CVV Code _____ Name on Card _____

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