|  |  |
| --- | --- |
|  | **Delegate Registration FormATM Customer Experience and Security Summit (ACESS)12th & 13th June 2018** |

**Attendee Information**

Name: Job Title:
Company:
Address:
City: State: Postal Code: Country:
Telephone: Fax:
Email:

**Company Type**

❑ Financial Institution (other) ❑ Card Association ❑ ATM Hardware ❑ Other Services ❑ Legal
❑ Bank ❑ Card Issuer ❑ ATM Software ❑ ATM Insurance ❑ Consultant

❑ Credit Union ❑ Cash Management/Distribution ❑ Kiosks & Self-Service ❑ Payment Services ❑ Media
❑ Cash Management ❑ Network Processor ❑ Mobile Technology ❑ Security Solutions
❑ Independent ATM Deployers (IAD) ❑ Switch ❑ Service/Maintain/Refurb or Replacing ATMs

❑ Sponsoring Financial Institution ❑ Telecommunications ❑ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Registration Options**

|  |  |
| --- | --- |
| **Delegate Type (Please tick)** | **Delegate Fee** |
| ❑Member Rate | $1,000 |
| ❑Non-Member Rate | $1,800 |
| ❑Bank Rate | $550 |
| ❑New Attendee\* *In order to qualify as a new attendee, your company must not have attended the event for the last 3 years (i.e. 2015, 2016 or 2017).* | $1,200 |

**Payment Information**

Credit Card: ❑ American Express ❑ Visa ❑ Discover ❑ MasterCard ❑ Diners
Total Amount Due: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name on Card: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Card Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CID #: \_\_\_\_\_\_\_\_\_\_\_

Signature: Date:

*Billing Address for CC (if different from above)*
Address:
City: State: Postal Code: Country:

 *Complete and return this form to Mary Lawrence at* mary.lawrence@atmia.com