



Delegate Registration Form
ATM Customer Experience and Security Summit (ACCESS)
12th & 13th June 2018

Attendee Information

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

Company Type

- | | | | | |
|---|---|--|---|-------------------------------------|
| <input type="checkbox"/> Financial Institution (other) | <input type="checkbox"/> Card Association | <input type="checkbox"/> ATM Hardware | <input type="checkbox"/> Other Services | <input type="checkbox"/> Legal |
| <input type="checkbox"/> Bank | <input type="checkbox"/> Card Issuer | <input type="checkbox"/> ATM Software | <input type="checkbox"/> ATM Insurance | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Credit Union | <input type="checkbox"/> Cash Management/Distribution | <input type="checkbox"/> Kiosks & Self-Service | <input type="checkbox"/> Payment Services | <input type="checkbox"/> Media |
| <input type="checkbox"/> Cash Management | <input type="checkbox"/> Network Processor | <input type="checkbox"/> Mobile Technology | <input type="checkbox"/> Security Solutions | |
| <input type="checkbox"/> Independent ATM Deployers (IAD) | <input type="checkbox"/> Switch | <input type="checkbox"/> Service/Maintain/Refurb or Replacing ATMs | | |
| <input type="checkbox"/> Sponsoring Financial Institution | <input type="checkbox"/> Telecommunications | <input type="checkbox"/> Other _____ | | |

Registration Options

Delegate Type (Please tick)	Delegate Fee
<input type="checkbox"/> Member Rate	\$1,000
<input type="checkbox"/> Non-Member Rate	\$1,800
<input type="checkbox"/> Bank Rate	\$550
<input type="checkbox"/> New Attendee* <i>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).</i>	\$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: _____

Delegate Information

- Member Discounts: ATMIA members receive discounts when attending this event. In order to receive the discount, make sure the registering company name is the same as on the ATMIA member database. In order to be considered a member, your membership fees must be current at the time of registration and the event.
- Payment: Full payment must be received prior to event to be considered pre-registered and allowed into the conference.
- Cancellation policy: If you are unable to attend the conference, you may substitute a colleague to take your place at no extra charge. However, if sending a replacement isn't possible, here are the cancellation terms: A) Three weeks or more prior to event - \$200USD administration fee will be charged. B) Less than 3 weeks prior to event - 25% of original payment will be refunded plus conference download information will be sent. C) One week or less prior to event, no refund but conference download information link will be sent. D) No refunds will be issued if cancellation is received after an event, or if the delegate does not attend the event. E) All cancellations must be in writing (bita.price@atmia.com) and refunds if any will be issued according to the dates above.

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