

Additional Pass Request Form

ATM & Payments Innovation Summit Sheraton Roma Hotel & Conference Center – October 15th – 17th 2019

Please complete and send back via email to mary.lawrence@atmia.com

Additional Staff *(please remember that these attendees must be from your company):*

Company: _____

Address: _____

City: _____ State: _____ Postal Code _____ Country _____

Name: _____ Tick One: Full Conference \$1000 Exhibit Personnel Only \$400

Title: _____ Email: _____

Phone Number _____ Dietary Requirements: _____

Privacy Settings

*ATMIA respects your privacy and will never share your information without your consent. Use the options below to allow us to share your information with other attendees ***

- YES *** Can ATMIA display your contact details in the mobile app?** We will include your name, company, title, email address, phone number and profile photo (if provided). You may opt out of displaying your email address and phone number by changing the “distribute my contact information” option or using the profile settings in the app.
- NO
- YES ***Can ATMIA distribute your contact details?** Include my name, title, company in the list of attendees provided at the end of the conference. If unchecked your email address and phone number will not be included in the ATMIA app attendee list.
- NO

Email Options

*Once your registration is complete you will only receive emails relevant to your registrations. Please use the options below to select any additional emails you would like to receive ***

- YES **•Send me email.** Allow conference sponsors and exhibitors to send me email prior to the event sharing information about their company and booth at the event. (Emails are limited to 1 per company)
- NO
- YES ***Send me email about upcoming conferences.** Select the region(s) that you would like to receive upcoming event announcements for. Preferences can be changed at any time.
- NO

Conference Email Options

Conference marketing emails are available per region. Please select the emails you would like to receive. Frequency varies

- | | |
|---|--|
| <input type="checkbox"/> New Conference Announcements | <input type="checkbox"/> Africa |
| <input type="checkbox"/> Asia | <input type="checkbox"/> Asia Pacific |
| <input type="checkbox"/> Canada | <input type="checkbox"/> Europe |
| <input type="checkbox"/> India | <input type="checkbox"/> Latin America |
| <input type="checkbox"/> Middle East | <input type="checkbox"/> United States |

** ATMIA recommends selecting “Yes” for these options as they provide the best exposure for you and your company.

Total Amount Due \$ _____

Please invoice my company or to pay by card complete the following:

Credit Card: Visa MasterCard American Express Diners Club JCB Discover

Name *(as it appears on card)* _____ Expiration Date _____

Card # _____ Card ID# _____

Billing Address (street or POBox/City/State/Postal Code/Country) _____

Signature: _____ Date: _____