



Delegate Registration Form
Europe ATM & Payments
Innovation Summit
15th – 17th October 2019

Attendee Information

Name: _____ Job Title: _____

Company: _____

Address: _____

City: _____ State: _____ Postal Code: _____ Country: _____

Telephone: _____ Fax: _____

Email: _____

Dietary Requirements: _____

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)	Early Bird Before 29 August 2019	Standard Rate After 29 August 2019
<input type="checkbox"/> Member Rate	\$1,400	\$1,800
<input type="checkbox"/> Non-Member Rate	\$2,200	\$2,600
<input type="checkbox"/> Bank Rate	\$550	\$650
<input type="checkbox"/> New Attendee* <small><i>In order to qualify as a new attendee, your company must not have attended the event for the last 3 years (i.e. 2016, 2017 or 2018).</i></small>	\$1,450	\$1,850

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: _____

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 **

*** 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. YES NO

***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.
 YES 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 **

•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) YES NO

***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. YES 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.

(please tick the box)

By registering for this event I agree to the ATMIA Terms of Use, Privacy Policy and Event Policies which are available to view at <https://www.atmia.com/conferences/event-policies/>

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

Hope Lerman at hope.lerman@atmia.com