



Attendee Registration Form

to register, complete this form and email to brita.price@atmia.com

1) Attendee Information

Name _____ Job Title _____

Company _____

Address _____

City _____ State _____ Postal Code _____ Country _____

Telephone _____ Email _____

2. Email Options & Privacy Settings (mandatory)

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 No **Distribute my contact information:** Include my name, title, company in the list of attendees provided at the end of the conference. *Once your registration is complete you will only receive emails relevant to your registration. Please use the options below to select any additional emails you would like to receive.*
- Yes No **Send me email:** Allow conference sponsors & 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. Africa/India/Middle East Asia/Asia Pacific Canada Europe US/Latin America

3) Select your Company Type (required):

- | | | | | |
|---|---|--|---|-------------------------------------|
| <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 _____ | | |

4) Registration Options (Please select your registration option below)

Option	On Site
Conference: Includes pre-conference workshops, sessions/meals on Sept 1-2, 2020, exhibit hall pass, & conference materials.	
<input type="checkbox"/> ATMIA Members	\$600
<input type="checkbox"/> ABA Bank Member	\$1,100
<input type="checkbox"/> Non-Members	\$1,200

5) Payment Information

Credit Card: American Express Visa Discover MasterCard Diners

Total Amount Due: _____ Name on Card: _____

Card Number: _____ Expiration Date: _____ CID #: _____

Delegate Information

* **Member Discounts:** ATMIA members receive discounts when attending this event. To receive the discount, make sure the registering company name is the same as on the ATMIA member database, your membership fees must be current at the time of registration and the event. * **Membership Questions:** If you experience difficulties registering or have questions about your membership, please contact [Amber Howell](#). * **Payment:** Full payment must be received prior to event to be considered pre-registered and allowed into the conference. * **Event policies:** By registering for an ATMIA conference, you are agreeing to all of our [event policies](#). Contact [Brita Price](#) with any questions.