

REGISTRATION FORM



Attendee Information

Full name _____ Goes by/nickname (for badge) _____

Company _____

Address _____ City _____ State _____ ZIP _____

Phone _____ Cell phone _____ Email _____

Birth year (optional): _____ Gender: Male Female Promotion code: _____

Choose which best describes your area of specialty (**choose only one** – this will be indicated on your name badge and conference app profile to help facilitate networking):

<input type="checkbox"/> Turnaround Consultant	<input type="checkbox"/> Investor/Capital Provider	<input type="checkbox"/> Academic
<input type="checkbox"/> Financial Advisor	<input type="checkbox"/> Investment Banker	<input type="checkbox"/> Media
<input type="checkbox"/> Attorney	<input type="checkbox"/> Liquidator	<input type="checkbox"/> Other
<input type="checkbox"/> Judge	<input type="checkbox"/> Appraiser	
<input type="checkbox"/> Lender	<input type="checkbox"/> Government	

Special Needs



Check here if you have any special needs or requests, including dietary restrictions.

CLE Credit

For attorneys claiming CLE credit, please list for which states:

Registration Rates

	Registration Through Feb. 6	Onsite Feb. 7-9
<input type="checkbox"/> Member	\$1,519	\$1,669
<input type="checkbox"/> NextGen Members aged 35 and under. Birth year is required above. <i>No other discounts apply.</i>	\$1,199	\$1,395
<input type="checkbox"/> International Member Members outside North America. <i>No other discounts apply.</i>	\$745	\$745
<input type="checkbox"/> Full-time Academic/Government Employee Must provide proof of full-time status. <i>No other discounts apply.</i>	\$749	\$749
<input type="checkbox"/> Non-member	\$1,919	\$2,095
<input type="checkbox"/> Spouse/Guest Only applicable to non-industry guests, accompanying a registered attendee.	\$549	\$549

Payment

Completion of this form implies understanding of and compliance with TMA's registration policies as detailed in the conference brochure and on tmadistressedinvesting.org.

Total due: _____

Pay by Check
Payable in U.S. funds to Turnaround Management Association

Check number: _____

Pay by Credit Card Visa MasterCard American Express

Credit card number _____

Expiration date _____ Security code _____

Name on credit card (please print) _____

Signature _____

Questions

Registration questions may be directed to conferences@turnaround.org or 312-578-6900.

Video and Photographs: By attending this event, you agree that your voice and/or image may be recorded, used and distributed with the broadcast or other media distribution of this event.

Submit

Send completed forms to:
conferences@turnaround.org

Turnaround Management Association
150 North Wacker Drive, Suite 1900
Chicago, IL 60606
Fax to: 312-578-8336

