

TURNAROUND CAPITAL FORUM & RECEPTION CONTRACT & REGISTRATION



Firm Information

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

Capital Forum firm name _____

Address _____ City _____ State _____ ZIP _____

Firm website _____ Phone _____ Email _____

Birth year (optional): _____ Gender: Male Female

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. _____

Company Display Personnel Registration Fees

<input type="checkbox"/>	Turnaround Capital Forum Registration Only (<i>limit 1</i>) Access to the Capital Forum only.	\$500
<input type="checkbox"/>	Distressed Investing Conference Registration (<i>limit 1</i>) Access to all of the Conference functions. Additional registrations may be purchased at the non-discount rate.	TMA Member: \$995 Non-member: \$1,579
<input type="checkbox"/>	Spouse/Guest Only applicable to non-industry guests, accompanying a registered attendee.	\$549

Authorized Signer & Payment

Completion of this form implies understanding of and compliance with TMA's registration policies as detailed in the conference brochure and on distressed.turnaround.org. You agree to participate as a capital provider and that all terms will be abided.

Total due: _____ (All prices are in USD)

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) _____ Authorized Signature _____

Questions

Registration questions may be directed to kwolcott@turnaround.org or 312-578-2047.

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.

Cancellation Policy

Notification of cancellation must be submitted in writing (email is acceptable) to kwolcott@turnaround.org. Cancellations will not be reviewed or processed until they are received in writing. Phone cancellations are not accepted. Cancellations received on or before Jan. 14, 2019, will be refunded less a \$450 processing fee. Refunds will be issued no later than March 1, 2019. Cancellations received after Jan. 14, 2019, will not be refunded. If you register after the cancellation deadline, you will not be eligible for a refund.

Send completed forms to:

Kris Wolcott
kwolcott@turnaround.org

Turnaround Management Association
150 North Wacker Drive, Suite 1900
Chicago, IL 60606



Visit distressed.turnaround.org for all policies and the most up-to-date information.