

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. 5	Onsite Feb. 6-8
<input type="checkbox"/> TMA 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>	\$1,519	\$1,519
<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 distressed.turnaround.org.

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)

Signature

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

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.

Cancellation Policy

Notification of cancellation must be submitted in writing (email is acceptable) to conferences@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:

conferences@turnaround.org

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

