

2023 AED Summit Group Registration Form



Return form with payment information to your AED point of contact

2023 AED Summit
January 10th to 12th 2023
Hyatt Regency Chicago

Please do not write in this box (for office use only)

Date Rec'd: _____

ID#: _____

First Name	Last Name	Title	Organization Name	Email of Attendee	Can the email address be used for marketing purposes?	First Time Attendee?	Gala Ticket (\$250 addl to rates below)?
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NOTE: Complete additional forms if needed

Registration Type	Early Ratee (until 7/14)	Standard Rate
Non-Exhibitor / Non-Sponsor – Manufacturer or Service Provider	\$1,050	\$1,125
Exhibitor (CONDEX/Suite) & Sponsors	\$375	\$375
Spouse/Family Member	\$3250	\$350
Equipment Dealer: 1 Attendee	\$925	\$950
Equipment Dealer: 2 Attendees	\$725	\$800
Equipment Dealer: 3 Attendees	\$500	\$600
Equipment Dealer: 4 Attendees	\$450	\$525
Equipment Dealer: 5 Attendees	\$375	\$450
Equipment Dealer: 6 Attendees	\$360	\$400
Equipment Dealer: 7 or More Attendees	\$340	\$375

Payment Information

Credit Card # _____

Expiration Date (mm/yy): _____ Charge Amount: _____

Print Name of Cardholder: _____

Signature: _____