

Atlantic Conferences Symposium: The Summit for Middle Market Debt Finance®



HOW TO REGISTER

Mail or fax the registration form with payment to the address below. You may also register over the phone by calling 508-529-2455.



ATLANTIC CONFERENCES INC.

Atlantic Conferences Inc.
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www.AtlanticConferences.com

Please return the registration form. You are registered when we receive payment.

REGISTRATION FEE: \$2295 for the first registration and \$2095 for subsequent registrations from the same organization (same name) received *at the same time*. The fee includes lunch, refreshments and all documentation supplied by speakers.

DISCOUNTED REGISTRATION FEE THROUGH APRIL 17: \$2195

Please make checks (in US funds drawn on a US bank) payable to Atlantic Conferences Inc. and attach to the registration form. Confirmation will be sent.

CONFERENCE LOCATION:

The New York Athletic Club
180 Central Park South
New York, NY 10019

SUBSTITUTIONS/CANCELLATIONS: In order to receive a prompt refund, your notice of cancellation must be received in writing 10 working days before the conference. We regret cancellations cannot be accepted after that date. However, your registration can be transferred to another member of your company at any time prior to 8:30 am on May 17. Please notify us in advance so that materials can be prepared. Cancellations may be subject to a \$395 processing fee. If Atlantic Conferences Inc. cancels an event, it is not responsible for any airfare, hotel or other costs incurred by registrants.

REGISTRATION FORM: **May 17–18, 2018**

Please include this form with your payment. Checks in US \$ drawn on a US bank. *You are registered when we receive payment.*

I am registering by April 17:
1st registration—\$2195; 2nd registration—\$1995; 3 or more registrations—\$1895 each.*

PAY BY CHECK: deduct \$50 per registration.

I am registering after April 17:
1st registration—\$2295; 2nd registration—\$2095; 3 or more registrations—\$1995 each.*
**from the same group, registering at the same time.*

I am paying by credit card: American Express MasterCard VISA

CREDIT CARD # _____ SECURITY CODE _____ EXPIRATION DATE _____

NAME ON CARD _____

BILLING ADDRESS _____ STATE _____ ZIP _____

I am interested in SPONSORSHIP or a TABLE TOP EXHIBIT. Please send information.

Please fill in name/position/company for all registrants as you would like them to appear on name tags:

NAME _____ POSITION _____

NAME _____ POSITION _____

NAME _____ POSITION _____

COMPANY _____ DIVISION _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE _____ FAX _____ E-MAIL _____