



PMCA Attendee Registration Form
Marriott at Penn Square & Lancaster County Convention Center, Lancaster, PA
April 20 – 22, 2020

Full Registration: Admission to all technical and exhibition events, and all hosted meals.

Monday Only Registration: Admission to Monday’s technical and exhibition events as well as Sunday’s Networking event.

Full Registration (per person)	By April 6	After April 6
Personnel from PMCA Member Companies	\$450.00	\$500.00
Personnel from Non-Member Companies	\$675.00	\$750.00
Active Faculty Members and Press	\$350.00	\$375.00
Students	\$145.00	\$165.00
Monday Only Registration	By April 6	After April 6
All Industry Personnel	\$275.00	\$295.00

Cancellations received by Monday, April 6, 2020 will be refunded, less a \$50.00 charge. After April 6, 2020 **no refunds** will be made.
 A substitute may be named at any time.

General Registration Information (please complete where applicable):																													
Company Name:																													
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">First & Last Name</th> <th style="width: 25%;">Title</th> <th style="width: 25%;">Email</th> <th style="width: 25%;">City, State</th> <th style="width: 10%;">Fee</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>					First & Last Name	Title	Email	City, State	Fee																				
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Student Outreach Donation: Your donation will help provide travel assistantship grants to accepted students of the Outreach Program. Please note: You are not required to donate in order to register for the conference. For more information on PMCA’s student program visit: https://pmca.com/student-outreach-program/				\$25.00																									
Total Payment Amount:				\$																									

Payment Method:

Check or money order made payable to PMCA. (check’s must be in U.S. funds drawn on a U.S. or Canadian bank).

Visa

MasterCard

American Express

Card Number: _____

Expiration Date: _____

Cardholder’s Name: _____

CVV Code: _____

Mail or fax to: Attn: Brandy Kresge, PMCA, 2980 Linden Street, Suite E3, Bethlehem, PA 18017

Tel & Fax: +1 610-625-4655 ♦ Email: Brandy.Kresge@pmca.com

For PMCA Use:			
Date Received: _____	Received By: _____	Dues Paid: _____	Date Paid: _____