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**DELEGATES REGISTRATION FORM**

**To be completed and returned to:**

[**surcar@infopro-digital.com**](mailto:surcar@infopro-digital.com)

**June 21-22, 2023**

**DETROIT, MICHIGAN, USA**

**ATTENDEE COMPANY**

|  |  |  |  |
| --- | --- | --- | --- |
| **Organization:** | | | |
| Purchase Order Number: | Email: | | |
| Address: | | | |
| City & State: | Zip Code: | | Country: |
| **Contact Full Name:** | | |  |
| Job Title: | | Email: | |
| Phone number (office): | | Mobile: | |

**REGISTRATION FEE – Please indicate by an “X” in the appropriate blank box(es)**

|  |  |  |
| --- | --- | --- |
| **□ EARLY BIRD RATE (Ends on March 31st, 2023)** | **US $ 1955 X\_\_\_\_\_\_\_** | **(Number of Delegates)** |
| **□ SPEAKER RATE ​** | **US $ 1955 X\_\_\_\_\_\_\_** | **(Number of Speakers)** |
| **□ STANDARD RATE (After March 31st, 2023)** | **US $ 2020 X\_\_\_\_\_\_\_** | **(Number of Delegates)** |
| **□ GALA DINNER TICKET​ (No access to conference)** | **US $ 200 X\_\_\_\_\_\_\_** | **(Number of Delegates)** |
|  | | |

**TOTAL AMOUNT DUE = US $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Each PASS includes:** Each pass includes the access to the technical presentation and discussions; refreshment break and networking. The registration fee does not include travel expenses, accommodations, parking fees or any other additional cost or service. By signing below, you agree that you understand that by returning this registration form you are making a firm and irrevocable undertaking to pay for all attendance fees. Final registration shall be completed only upon receipt of payment. **Cancellations -** Each delegate may be substituted at any time. The name of the substitute(s) must be given in writing to Infopro Digital USA LLC (the “Organizer”) before the event. Cancellations can be made in writing or by email. For any cancellation made before April 21st, 2023, 20% of the registration fees shall be retained by the Organizer as a cancellation fee. For any cancellation made on or after April 21st, 2023, the entire registration fee shall be retained by the Organizer as a cancellation fee. If the event is cancelled or postponed by the Organizer, the Attendee Company will be offered the opportunity to have its paid registration fees applied to (i) the next occurring SURCAR event in Detroit Michigan or (ii) the next occurring SURCAR event taking place in Cannes, France or Shanghai, China. **Program changes -** The Organizer reserves the right to modify the program should circumstances so warrant in the judgment of the Organizer. No such modification will entitle the attendee to claim any form of compensation. **Use of Names and Trademarks.** The Attendee Company will not have the right to use the name or trademarks of the Organizer without the express prior written consent of the Organizer. The Organizer will have the right to use the name and trademark of the Attendee Company in materials for the event and in lists of attendees of events organized by the Organizer and its affiliates. **Limitation of liability -** The parties expressly agree that the Organizer’s aggregate liability under this Delegates Registration Form and in respect of the event will not exceed the amount actually paid by the Attendee Company to the Organizer pursuant to this Delegates Registration Form. The Attendee Company will be responsible for and will indemnify the Organizer for any claims arising from any acts or omissions of the Attendee Company or its delegates.

**Observance of Laws-** The Attendee Company and its delegates shall (i) abide by all federal and state laws, rules and regulations, as well as any rules and regulations of the venue, that are applicable to the event, and (ii) respect and adhere to all safety measures imposed by any governmental authority, as well as any safety measures which may be established by the venue or the Organizer, as communicated to the Attendee Company by written notice, including by electronic means. The Organizer reserves the right to verify that these measures are respected. **Governing Laws-** This Delegates Registration Form constitutes an agreement between the parties and shall be governed and interpreted in accordance with the laws of the State of New York, without regard to the conflicts of law principles thereof. **Arbitration-** Any dispute arising under this Delegates Registration Form shall be resolved exclusively through arbitration in New York, New York before a single arbitrator chosen pursuant to and otherwise as provided in the rules for expedited commercial arbitration of the American Arbitration Association. Judgment on any arbitral award may be entered in any court of competent jurisdiction.

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Authorized Signatory: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name of Authorized Signatory: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PAYMENT METHOD – Please indicate by an “X” in the appropriate blank box(es)**

**To be completed and returned to: surcar@infopro-digital.com**

**🗆** **WIRE TRANSFER required documents:**  Completed Registration Form

If Attendee Company is paying by wire transfer:

* Organizer will email an invoice with instructions for the wire
* An extra charge of US $45 per wire will be added to the invoice

**🗆** **CHECK required documents:**  Check + Completed Registration Form

If Attendee Company is paying by check, Organizer will email an invoice with instructions for transmission of the check.

**🗆** **CREDIT CARD required documents:**  Credit Card Authorization Form + Completed Registration Form

If Attendee Company is paying by credit card, the following Credit Card Authorization form and Credit Card Information must be completed and signed**.**

**CREDIT CARD AUTHORIZATION FORM**

Company name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, (name as shown on the card) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby authorize INFOPRO DIGITAL USA LLC dba SURCAR to charge my credit card for the amount below:

Amount to be charged: US $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I further authorize INFOPRO DIGITAL USA LLC dba SURCAR to charge my credit card for any other charges related to SURCAR upon registration and to which I may have subscribed:

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CREDIT CARD INFORMATION**

|  |
| --- |
| **☐ MASTER CARD ☐ VISA ☐ AMERICAN EXPRESS** |
| Card Number |
| Expiration Date: |
| CVV (Security Code): |
| Billing Zip Code: |

INFOPRO DIGITAL USA LLC Dba SURCAR 55 Broad Street, 22nd Floor New York, NY 10004 

[**surcar@infopro-digital.com**](mailto:surcar@infopro-digital.com) 

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Authorized Signatory:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name of Authorized Signatory:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ATTENDEE COMPANY’S DELEGATES**

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| --- | --- |
| 1. **Mr. Ms.** | |
| **Full Name:** | |
| Job Title: | |
| Email: | Mobile: |

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| --- | --- |
| 1. **Mr. Ms.** | |
| **Full Name:** | |
| Job Title: | |
| Email: | Mobile: |
| 1. **Mr. Ms.** | |
| **Full Name:** | |
| Job Title: | |
| Email: | Mobile: |

|  |  |
| --- | --- |
| 1. **Mr. Ms.** | |
| **Full Name:** | |
| Job Title: | |
| Email: | Mobile: |

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| --- | --- |
| 1. **Mr. Ms.** | |
| **Full Name:** | |
| Job Title: | |
| Email: | Mobile: |

|  |  |
| --- | --- |
| 1. **Mr. Ms.** | |
| **Full Name:** | |
| Job Title: | |
| Email: | Mobile: |

*\*Please add additional pages, as needed.*

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Authorized Signatory: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name of Authorized Signatory: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_