



8th Annual TMA
Western Regional
Conference

Registration Form

JULY 13-15, 2016 / PARK HYATT AVIARA / CARLSBAD, CALIFORNIA / TMAWESTERNREGIONAL.ORG

Visit tmawesternregional.org for complete registration details and policies

Attendee Information

Full name _____ Goes by/nickname (for badge) _____

Company _____

Address _____ City _____ State _____ Zip _____

Phone _____ Email _____

Birth year: _____ Gender: Male Female

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 | |

Registration Fees

	Early Bird Before June 21	Advanced June 22-July 15
<input type="checkbox"/> Member <i>(full conference)</i>	\$595	\$695
<input type="checkbox"/> Non-member <i>(full conference)</i>	\$945	\$1,045

Networking Activities

- Golf Tournament** (\$249)
Wednesday, July 13, 8:30 a.m.

*Please check tmawesternregional.org for more networking activities as they become available.

Spouse/Guest Registration

- \$250 Only applicable to those who are not in the industry accompanying an attendee.

Spouse/guest full name _____

Goes by _____

City, State _____

Special Needs

Please list if you have any special needs or requests below.



Payment

Completion of this form implies understanding of and compliance with TMA's registration policies as detailed on the conference website.

Total due: _____ Check number: _____

Checks payable in U.S. funds to Turnaround Management Association

- Visa MasterCard American Express

Credit card number _____

Expiration date _____ Security code _____

Name on credit card (please print) _____

Signature _____



Mail or Email

Please send completed forms to:
Turnaround Management Association
150 North Wacker Drive, Suite 1900
Chicago, IL 60606
Email: conferences@turnaround.org

Questions

Registration questions may be directed to conferences@turnaround.org or 312-578-6900.