

October 26-28, 2022

Group Registration Form

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Please save the filled form on your PC and email as an attachment This form may be copied for additional registrations.

**Congress:** October 26-27, 2022

**Workshop:** October 28, 2022

**Venue:** Hyatt Regency Houston Intercontinental

**Refund Policy, Delegate Cancellations and Transfer**

Registration cancellation requests received in writing at least thirty days (30 days) prior to the event will qualify for a full refund and less 5% administrative fee. Should the original delegate be unable to attend, a substitute delegate is welcome at **no extra charge**. Any cancellation or substitution requests should be made to [info@SMHCongress.com](mailto:info@SMHCongress.com)

**Confirmation Details / Shipping Policy**

SyllabusX conferences registration is electronic only. No items will ship in hard copy via mail or postal service. After completing registration online or emailing a registration form, you will receive a confirmation email with a summary of your registration details, which we recommend you retain for your own records. Delegates can receive their printed badge upon presenting a valid government-issued ID. If you do not receive an email confirming your registration details two weeks prior to the conference, please contact SyllabusX.

**Group Registration Discount:** Complimentary Registrations are available for groups of three paid attendees or more from the same organization are available.

**Registration Fees** are inclusive of program materials, conference breakfast, lunch and breaks.

**Email this form to register now!**

Email: [info@SMHcongress.com](mailto:info@SMHcongress.com)

**Main Group Coordinator Contact Information**

Contact person for any questions regarding these registrations

Name \_\_\_\_\_

Title \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Mobile No. (Optional) \_\_\_\_\_

**School/Organization Details**

School \_\_\_\_\_

Type \_\_\_\_\_ Number of Students \_\_\_\_\_

Website \_\_\_\_\_

Address1 \_\_\_\_\_

Address2 \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_



- 1 for every 4 Paid Registrations
- 2 for every 6 Paid Registrations
- 3 for every 8 Paid Registrations
- 4 for every 10 Paid Registrations

Registration Type		By 7.27.22	Standard	Onsite	Delegates	Total
<b>Academic, Nonprofit &amp; Government Organizations</b>	Conference Only	<input type="checkbox"/> \$1,050	<input type="checkbox"/> \$1,085	<input type="checkbox"/> \$1,160		
	Conference & Workshop	<input type="checkbox"/> \$1,185	<input type="checkbox"/> \$1,350	<input type="checkbox"/> \$1,425		
Conference Documentation		<input type="checkbox"/> \$775	<input type="checkbox"/> \$785	<input type="checkbox"/> \$860		
<b>Commercial Registration</b>	Conference Only	<input type="checkbox"/> \$1,895	<input type="checkbox"/> \$1,995	<input type="checkbox"/> \$2,070		
	Conference & Workshop	<input type="checkbox"/> \$2,095	<input type="checkbox"/> \$2,250	<input type="checkbox"/> \$2,325		
					<b>Total Amount for Paid Registrant(s)</b>	

**Payment Information**

**CHARGE** (Indicate type)  Visa  Master Card  American Express

Name on Card \_\_\_\_\_ Security Code \_\_\_\_\_

Account # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cardholder Signature \_\_\_\_\_ Date \_\_\_\_\_

**CHECK** is enclosed payable to SyllabusX  **MONEY ORDER** is enclosed payable to SyllabusX

**PURCHASE ORDER\* NO.**

Purchase Order must be attached and list all participant(s)

\* We accept purchase orders from educational institutions such as Schools, School Districts, Universities, Colleges and Government Institutes.

Billing Organization \_\_\_\_\_

Attention \_\_\_\_\_

Billing Email \_\_\_\_\_ Daytime Phone \_\_\_\_\_

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

**Produced By:** SyllabusX, 1900 Campus Commons Dr 100, Reston, VA 20191 , Phone (703) 466-0011

Priority Code SMH-TX



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**National Student Safety and Security Conference & Workshop**

**HOUSTON, TX OCT 26-28, 2022**



Complete this registration form if you would like to register 5 or more individuals from your school or organization to attend the SMH Congress in Houston, Texas.

Group Name \_\_\_\_\_ Total Number of Registrants \_\_\_\_\_

**Group Registrant Information**

**Name(s) of Paid Registrant(s)**

No.	First Name	Last Name	Title	School/Organization	Email
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

To add more registrants, please copy this page.

**Name(s) of Free Registrant(s)**

No.	First Name	Last Name	Title	School/Organization	Email
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

To add more registrants, please copy this page.