

# REGISTRATION

**DECEMBER 10-11, 2024**

**ATTENDEE RATE: \$399.00**

Attendee Name\*: \_\_\_\_\_

Attendee Email\*: \_\_\_\_\_

Attendee Phone\*: \_\_\_\_\_

Attendee Company\*: \_\_\_\_\_

Attendee Title\*: \_\_\_\_\_

Attendee Address\*: Street Address \_\_\_\_\_

Street Address line 2 \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

**Industry Type (select one):**

- Equipment Manufacturer
- Equipment Dealer
- Aftermarket Supplier
- Investor/Private Equity/  
Venture Capitalist
- Consultant
- Association
- Education
- Farmer
- Other: \_\_\_\_\_

**BILLING INFORMATION**

Please enter your payment details below:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ CW \_\_\_\_\_

Email: \_\_\_\_\_

**BILLING ADDRESS**

Street Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_