



2019 FALL PRE-CONFERENCE TRAINING
BEST PRACTICES IN TAX-EXEMPT FINANCING

October 21, 2019
Kovalchick Convention and Athletic Complex | Indiana, PA

WALK-IN REGISTRATION FORM

Please bring this completed form and a method of payment to our registration desk.

Attendee's Full Name: _____ Title: _____

Name on Badge: _____ Credentials on Badge (e.g., CEcD): _____

Organization: _____

Organization Type: EDC SBDC BFTP Utility Higher Ed
 LDD IRC Govt Other _____

Phone: _____ Email: _____

Registration Information: Member - \$159 Non-Member - \$209

Total Amount Due: \$ _____ Payment Type: Check Credit Card (CC)

Name on CC: _____ CC Type: Visa MasterCard

CC Number: _____ V Code: _____ Exp Date: _____

CC Billing Address: _____

CC Phone Number: _____

Signature: _____

Use of Contact Information: What contact information do you authorize PEDA to share with conference attendees and sponsors? (Please select one.)

- Option 1: Name / Title / Organization / Phone / Mailing Address / Email
- Option 2: Name / Title / Organization / Phone / Mailing Address
- Option 3: No information may be shared.

Please make checks payable to "Pennsylvania Economic Development Association".