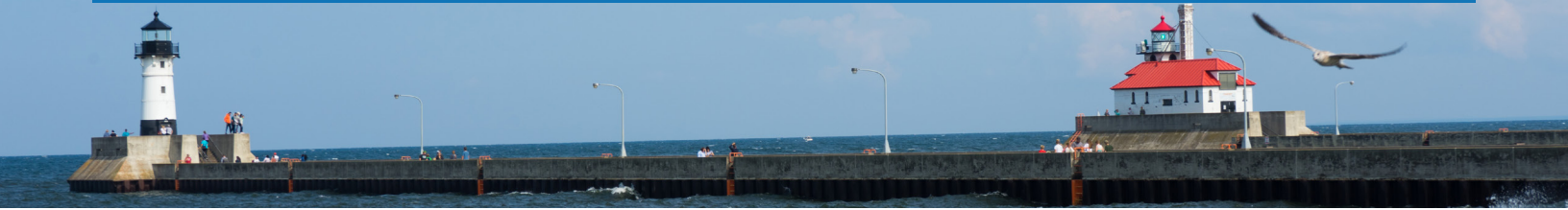


EDAM 2019 SUMMER CONFERENCE REGISTRATION

June 12-14, 2019 | Duluth Entertainment Convention Center (DECC) | 350 Harbor Drive, Duluth, MN 55802



ATTENDEE INFORMATION

Please use a separate form for each attendee.

Name _____ Title _____

Company _____

Address _____

City _____ State _____ Zip _____

Email _____ Phone _____

- First-time Summer Conference Attendee
- Have you been in the economic development field for less than 10 years?
- Are you new to Minnesota or the Twin Cities?

REGISTRATION OPTIONS

	Full Conference		One-Day Registration	
	By 5/17	After 5/17	By 5/17	After 5/17
EDAM Member	<input type="radio"/> \$315	<input type="radio"/> \$340	<input type="radio"/> \$215	<input type="radio"/> \$240
Non-Member	<input type="radio"/> \$415	<input type="radio"/> \$440	<input type="radio"/> \$315	<input type="radio"/> \$340
Student	<input type="radio"/> \$50	<input type="radio"/> \$50	<input type="radio"/> \$50	<input type="radio"/> \$50

To receive **early bird pricing**, your registration must be postmarked on or before **May 17, 2019**.

- I will attend the Wednesday night president's reception
- I will attend the Thursday afternoon mobile tour
- I will attend the Wednesday night dinner and keynote
- I will attend the Thursday evening boat cruise

Dietary Restrictions: Kosher Gluten-Free Vegetarian Vegan Other _____

ADDITIONAL TICKETED EVENTS

- Thursday morning group fun run (no additional cost)
- Guest will attend the Thursday morning group fun run (no additional cost)
- \$50 Guest ticket for Wednesday Evening Activities
- \$50 Guest ticket for Thursday Evening Boat Cruise

Guest's Name: _____

Dietary Restrictions: Kosher Gluten-Free Vegetarian Vegan Other _____

Audio/Video Policy: EDAM might record this conference and completion of this form serves as authorization of consent to appear in photos, video, or audio recordings.

Questions? Contact Rhea Sullivan at 952-928-4640 or rhea@edam.org

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EMERGENCY CONTACT

Emergency Contact Name _____

Relationship to Participant _____

Emergency Contact Number _____

FUN RUN LIABILITY WAIVER

If you are participating in the fun run, please indicate that you accept the following waiver of liability:

I understand that running a race is a potentially hazardous activity. I should not enter and run unless I am medically able and properly trained. I assume all risks associated with running in this event including but not limited to: falls, contact with other participants, the effects of the weather, including high heat or humidity, lightning, traffic and the conditions of the road, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release EDAM, all volunteers, the city of Duluth and their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. I hereby grant permission for the free use of any photos or film of me. I acknowledge that it is my responsibility to study and learn the route in advance.

I agree to statement above.

PRIZES

I would like to donate a door prize (suggested \$50 retail)

I would like to donate a fun run winner prize (suggested \$50 gift card to sporting goods or running store)

PAYMENT INFORMATION

Full payment is required to secure your registration

Total Due \$ _____ Visa Mastercard Check (made payable to EDAM)

If paying by credit card, the following fields are required:

Card Number _____ Exp. Date _____ Sec. Code _____

Cardholder Name _____ Phone _____

Billing Address (if different from above) _____

City _____ State _____ Zip _____

Cardholder Signature _____

Cancellation Policy: *With written cancellation notice, received no later than May 24, 2019, you will receive a full refund, less a \$50 administrative charge. Cancellations after that date are nonrefundable. Cancellation notices must be faxed to the EDAM office at 952-929-1318. No-shows will not receive a refund.*

PCI Compliance: *EDAM has taken the appropriate steps to maintain PCI compliance. In order to protect your privacy, please do not email your credit card information to our office.*

SEND COMPLETED FORM WITH PAYMENT TO:

Fax: 952-929-1318

Mail: 4248 Park Glen Road, Minneapolis, MN 55416

OR REGISTER ONLINE AT WWW.EDAM.ORG



Economic Development
Association of Minnesota