

DESIGNCON[®] 2018

WHERE THE CHIP MEETS THE BOARD

CONFERENCE: JAN 30-FEB 1 | EXPO: JAN 31-FEB 1
Santa Clara Convention Center | Santa Clara, CA



GROUP REGISTRATION FORM

Group registration forms for DesignCon 2018 need to be completed and submitted by January 22, 2018 to ensure registration confirmation prior to the event.

STEP 1: DESIGNCON GROUP OPTIONS

DesignCon group registration discount applies to Groups of 3 or more. Discount for Groups 3-5 = 10% off, Groups 6-9 = 20% off, Groups of 10 or more = 25% off. These discounts apply to the current registration pricing for All-Access or 2-Day Passes. The Boot Camp Passes are excluded from the group discount. *Note: Group discounts cannot be combined with any other discounts or promotions. All discounts are subject to review before processing.*

For detailed session information, visit www.designcon.com

GROUP COORDINATOR CONTACT INFO

Name: _____

Title: _____

Company: _____

Address: _____

City/State _____

Postal/Zip Code & Country _____

Phone: _____

Email: _____

Please send me a copy of all confirmation emails.

HOW TO REGISTER A GROUP

Groups 3-5: 10% discount on All-Access or 2-Day Pass at the current rate.

Groups 6-9: 20% discount on All-Access or 2-Day Pass at the current rate.

Groups of 10 or more: 25% discount on All-Access or 2-Day Pass at the current rate.

Mail/Overnight Courier: Mail your completed registration form, along with credit card payment to:

UBM Events Registration Department
DesignCon 2018
2901 28th Street, Suite #100
Santa Monica, CA 90405.

Fax: Fax your completed registration form, along with credit card payment to (310) 996-9499, Attn: DesignCon 2018.

Email: Email your completed registration form, along with credit card payment to designconregistration@ubm.com

Questions: Contact the DesignCon Registration Department by email at designconregistration@ubm.com, or by phone at (888) 234-9476 or (415) 947-6135, Monday-Friday from 8:00 AM-4:00 PM PST. To reference our complete registration policies, visit: <http://www.designcon.com/santaclara/passes-pricing>.

GET 25% OFF!

When you register 10 or more people with any combination of All-Access or 2-Day Passes!

ALL-ACCESS PASS (TUE JAN. 30- THUR FEB. 1)

	Ends Oct. 13	Ends Dec. 1	Ends Jan. 29
Individual Attendee Price	\$699	\$799	\$899
Groups 3-5 (10% off)	\$629.10	\$719.10	\$809.10
Group 6-9 (20% off)	\$559.20	\$639.20	\$719.20
Group 10+ (25% off)	\$524.25	\$599.25	\$674.25

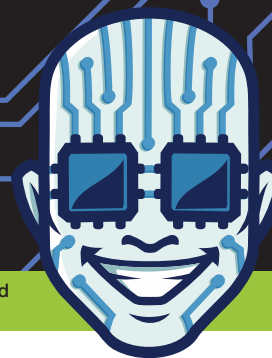
2-DAY PASS (WED JAN. 31- THUR FEB. 1)

	Ends Oct. 14	Ends Dec. 2	Ends Jan. 29
Individual Attendee Price	\$499	\$599	\$699
Group 3-5 (10% off)	\$449.10	\$539.10	\$629.10
Group 6-9 (20% off)	\$399.20	\$479.20	\$559.20
Group 10+ (25% off)	\$374.25	\$449.25	\$524.25

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STEP 2: METHOD OF PAYMENT

Payment in FULL by credit card must accompany your registration in order to be processed. You are not registered until you receive confirmation online from DesignCon 2018. Please make your selection below.

CREDIT CARD (we only accept VISA, MasterCard & AMEX)

Cardholder Name _____

Credit Card Number _____

Expiration Date _____

Security Code _____

Authorized Signature _____

Contact Phone Number _____

BILLING ADDRESS

Name _____

Address _____

City/State _____

Postal/Zip Code & Country _____

Email _____

WIRE PAYMENT: PLEASE SEND AN INVOICE TO THE EMAIL ADDRESS ABOVE

*OPTIONAL BOOT CAMP SIGN-UP

All Access passholders have the option of attending ONE of our Boot Camps for DesignCon 2018. These ALL-DAY Boot Camps will be focused on helping attendees brush-up on basic skills. You are NOT required to select a Boot Camp. Please only select a Boot Camp if you are committed to attend the entire Boot Camp from 9:00 AM-6:00 PM on Tuesday, Jan. 30. Space is limited.

REGISTRATION POLICIES

Please refer to the following commonly asked questions for further information:

Cancellations, Substitutions, Downgrades and Upgrades

If you need to cancel your conference registration, you may do so for a refund, less a \$150.00 cancellation fee, until Friday, December 29, 2017. Attendees who register prior to the deadline date, who do not cancel in writing by the deadline date, are liable for the pass cost and will be charged for the full registration fee. Sorry, no refunds are available for no-shows. If you are unable to attend the event, we recommend that you send a substitution in your place. Changes to registrations must be presented in written form - download the Registration Change Form on the DesignCon website. Please mail your request to:

UBM Events Registration Department
DesignCon 2018
2901 28th Street, Suite #100
Santa Monica, CA 90405

Or you may email your requests to designconregistration@ubm.com.

Written requests for a downgraded pass must be received no later than Friday, December 29, 2017 for a full refund on the difference of registration fees between the value of the original and downgraded pass. Sorry, requests received after Friday, December 29, 2017 cannot be accommodated. Upgrade pass requests must be submitted in writing along with payment information for the difference in value.

Age Limit

Due to safety concerns, no one under the age of 18 (including infants in strollers) will be permitted on the premise at any time during DesignCon 2018.

Program Changes

UBM LLC, producers of DesignCon, reserves the right to make changes in the programs and speakers, or to cancel sessions if enrollment criteria are not met, or when conditions beyond its control prevail. All sessions are filled on a first-come, first-seated basis, arrive early to ensure a seat! Recording devices and cameras, still or video, are prohibited.

Change of Address

If you're moving, or if your email is addressed incorrectly, please fax your corrections to: (310) 996-9499, Attn: DesignCon 2018 List Correction to make corrections on your mailing address or email address with your corrections. You may also mail any corrections to us at:

DesignCon 2018 – List Correction
UBM Events Registration Department
2901 28th Street, Suite#100
Santa Monica, CA 90405

Americans with Disabilities Act

If you require special accommodations as outlined under ADA, please contact Sara McGinness at sara.mcginness@ubm.com by Friday, December 29, 2017.



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STEP 3: REQUIRED INFORMATION

All information is required in order to complete your registration. Incomplete forms will be returned. If you have more than 12 people to register, please print additional form pages as needed. Note: Before picking up your badges onsite, group registrants will need to complete their profile prior to the event or onsite at the registration kiosk. ***ALL STARRED INFORMATION IS REQUIRED**

1

First Name* _____

Last Name* _____

Email* _____

Job Title* _____

Company* _____

Address* _____

Address 2 _____

City* _____

State* _____

Postal Code* _____ Country* _____

Phone Number* _____ Extension _____

PASS OPTION*:

All-Access Pass* 2-Day Pass

*OPTIONAL BOOTCAMP SIGN-UP (Choose ONLY 1)

Signal Integrity Differential Signaling

Test & Measurement Not attending

2

First Name* _____

Last Name* _____

Email* _____

Job Title* _____

Company* _____

Address* _____

Address 2 _____

City* _____

State* _____

Postal Code* _____ Country* _____

Phone Number* _____ Extension _____

PASS OPTION*:

All-Access Pass* 2-Day Pass

*OPTIONAL BOOTCAMP SIGN-UP (Choose ONLY 1)

Signal Integrity Differential Signaling

Test & Measurement Not attending

3

First Name* _____

Last Name* _____

Email* _____

Job Title* _____

Company* _____

Address* _____

Address 2 _____

City* _____

State* _____

Postal Code* _____ Country* _____

Phone Number* _____ Extension _____

PASS OPTION*:

All-Access Pass* 2-Day Pass

*OPTIONAL BOOTCAMP SIGN-UP (Choose ONLY 1)

Signal Integrity Differential Signaling

Test & Measurement Not attending

4

First Name* _____

Last Name* _____

Email* _____

Job Title* _____

Company* _____

Address* _____

Address 2 _____

City* _____

State* _____

Postal Code* _____ Country* _____

Phone Number* _____ Extension _____

PASS OPTION*:

All-Access Pass* 2-Day Pass

*OPTIONAL BOOTCAMP SIGN-UP (Choose ONLY 1)

Signal Integrity Differential Signaling

Test & Measurement Not attending

5

First Name* _____

Last Name* _____

Email* _____

Job Title* _____

Company* _____

Address* _____

Address 2 _____

City* _____

State* _____

Postal Code* _____ Country* _____

Phone Number* _____ Extension _____

PASS OPTION*:

All-Access Pass* 2-Day Pass

*OPTIONAL BOOTCAMP SIGN-UP (Choose ONLY 1)

Signal Integrity Differential Signaling

Test & Measurement Not attending

6

First Name* _____

Last Name* _____

Email* _____

Job Title* _____

Company* _____

Address* _____

Address 2 _____

City* _____

State* _____

Postal Code* _____ Country* _____

Phone Number* _____ Extension _____

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7

First Name* _____
 Last Name* _____
 Email* _____
 Job Title* _____
 Company* _____
 Address* _____
 Address 2 _____
 City* _____
 State* _____
 Postal Code* _____ Country* _____
 Phone Number* _____ Extension _____
PASS OPTION*:
 All-Access Pass* 2-Day Pass
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 Signal Integrity Differential Signaling
 Test & Measurement Not attending

8

First Name* _____
 Last Name* _____
 Email* _____
 Job Title* _____
 Company* _____
 Address* _____
 Address 2 _____
 City* _____
 State* _____
 Postal Code* _____ Country* _____
 Phone Number* _____ Extension _____
PASS OPTION*:
 All-Access Pass* 2-Day Pass
*OPTIONAL BOOTCAMP SIGN-UP (Choose ONLY 1)
 Signal Integrity Differential Signaling
 Test & Measurement Not attending

9

First Name* _____
 Last Name* _____
 Email* _____
 Job Title* _____
 Company* _____
 Address* _____
 Address 2 _____
 City* _____
 State* _____
 Postal Code* _____ Country* _____
 Phone Number* _____ Extension _____
PASS OPTION*:
 All-Access Pass* 2-Day Pass
*OPTIONAL BOOTCAMP SIGN-UP (Choose ONLY 1)
 Signal Integrity Differential Signaling
 Test & Measurement Not attending

10

First Name* _____
 Last Name* _____
 Email* _____
 Job Title* _____
 Company* _____
 Address* _____
 Address 2 _____
 City* _____
 State* _____
 Postal Code* _____ Country* _____
 Phone Number* _____ Extension _____
PASS OPTION*:
 All-Access Pass* 2-Day Pass
*OPTIONAL BOOTCAMP SIGN-UP (Choose ONLY 1)
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11

First Name* _____
 Last Name* _____
 Email* _____
 Job Title* _____
 Company* _____
 Address* _____
 Address 2 _____
 City* _____
 State* _____
 Postal Code* _____ Country* _____
 Phone Number* _____ Extension _____
PASS OPTION*:
 All-Access Pass* 2-Day Pass
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12

First Name* _____
 Last Name* _____
 Email* _____
 Job Title* _____
 Company* _____
 Address* _____
 Address 2 _____
 City* _____
 State* _____
 Postal Code* _____ Country* _____
 Phone Number* _____ Extension _____
PASS OPTION*:
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