

Federal Networks '17

February 14-15
Washington, DC



REGISTRATION INFORMATION

REGISTRATION FEE:

Industry Employee Registration

	Register and pay by 1/14/17	Register after 1/14/17
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- Full 2-Day Registration\$840.....\$1,035
- Day 1 only: Feb 14\$525.....\$645
- Day 2 only: Feb 15\$525.....\$645

Government Employee Rate*Complimentary

*"Government Employee Rate" is available to verified, full time Government Agency Employees. Positive identification required. Contractors may NOT register as Government Employees. Government passes and seating subject to availability and will be approved individually.

FOUR EASY WAYS TO REGISTER:

- ▶ **ON-LINE:** Go to www.telestrategies.com and click on "registration"
- ▶ **BY PHONE:** Call (703) 734-7050 for immediate registration. Registration hours are 8:30-5:00 EST. Mon.-Fri.
- ▶ **BY MAIL:** Complete the registration form and mail to: TeleStrategies, Inc., P.O. Box 7443, McLean, VA 22106
- ▶ **BY FAX:** Complete registration form and fax it to: (703) 734-9371

Conference Hotel: Falls Church Marriott Fairview Park
3111 Fairview Park Drive
Falls Church, VA 22042
703.849.9400
fallschurchmarriott.com

Payment Information: Registration fee must be paid prior to event.

Transfers and Substitutions: Transfers and substitutions are permissible up to 24 hours in advance of conference date. (Refund restrictions may apply.)

Cancellations and No-Shows: If you are unable to attend, there is no penalty if your cancellation is received in writing two weeks prior to conference date. Cancellations after that date are subject to a 25% service charge. Registrants who do not attend and who do not cancel before the conference date are liable for the full registration fee. If the conference is postponed or cancelled, neither TeleStrategies nor Suss Consulting will be responsible for any airfare, hotel or other costs incurred by registrants.

REGISTRANT INFORMATION:

NAME

TITLE

COMPANY

ADDRESS

CITY

STATE/PROVINCE/COUNTRY

ZIP/POSTAL/COUNTRY CODE

TEL

EMAIL

PREPAYMENT REQUIRED:

(Payment in full is required before attendance.)

- My check is enclosed in the amount of \$_____.
- Please bill my company.
- Please bill my: Visa MasterCard Diners Club
 Discover American Express

ACCOUNT NO.

EXPIRATION DATE (MM/YY)

CARD HOLDER'S NAME (PLEASE PRINT)

SIGNATURE

REGISTER NOW!

telestrategies.com/fednetworks