

EVENT REGISTRATION FORM

LOGO

Event Details



Event Name

Event Name



Location

Event Location



Date

Event Date

Registrant Information

Full Name

Full Name

Organization

Name of Organization

Job Title

Job Title

Phone Number

(999)999-9999

Email Address

user_name@email.com

Sessions (if applicable)

Please, mark the sessions you would like to attend

☐ Session 1 Name of the session

☐ Session 2 Name of the session

☐ Session 3 Name of the session

☐ Session 4 Name of the session

Attendance Type

☐ In-person

☐ Online

Dietary Requirements (for in-person attendees)

☐ None

☐ Vegan

☐ Vegetarian

☐ Gluten-free

☐ Other (please, specify): Please, specify your dietary requirements

Accessibility Needs

☐ No

☐ Yes (please, specify): Please, specify your accessibility needs

Payment Information

Registration Fee 000 \$

Payment Method

☐ Credit Card

☐ Bank Transfer

☐ PayPal

☐ Other (please, specify): Please, specify the payment metod

Terms and Conditions

- By submitting this form, you agree to the following:
 - Registration is only confirmed upon receipt of payment.
 - Cancellations made before [date] are eligible for a full refund; after this date, no refunds will be issued.
 - The organizer reserves the right to make changes to the event schedule or content.
 - Your personal information will be used solely for event-related communication and will not be shared with third parties without consent.
- ☐ I have read and agree to the terms and conditions.
- ☐ I agree to receive event-related materials (presentations, follow-ups, newsletters) via email.
- ☐ I consent to the use of photos or videos taken during the event, which may include my image, for promotional purposes by the organizer.

Registrant Name Full Name

Signature

Date

Enter a date