



Conference Registration Form

***Required Information**

First Name:* _____ **Last Name:*** _____

Job Title:* _____

Name:* (as it would appear on the badge) _____

Company/Organization:* _____

Address Line: 1* _____

Address Line: 2 _____

City:* _____ **State:*** _____ **Zip:*** _____

Work Phone: _____ **Email:** _____

- Early Bird Registration \$375 (Prior to September 15, 2025) Registration \$400 (On or After September 15, 2025)
- Golf Registration(TBD) Exhibit Space \$500 Meals with Exhibit Space \$100 (2)
- Guest \$200 Student \$100

Payment

Check: Organization or personal checks should be made payable to the **Tennessee Labor-Management Foundation** or **TLMF** and mailed, with registrant name listed, to the Tennessee Labor-Management Foundation at P.O. Box 6592 Oak Ridge, Tennessee 37831. **Checks must be received no later than September 28, 2025.**

Credit Card: Visa Master Card Discover American Express Other: _____

Credit Card Number: _____

Expiration: _____(MM/YY)

Security Code: _____

Cardholder Name: (exactly as on card) _____

Billing Address: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____