

Please email this completed form to info@cremediaandevents.com

I want to register for the COVID- 19's Impact on Commercial Real Estate Virtual Conference.

Purchaser _____

Email _____

Phone _____

Mailing Address _____ Address 2 _____

City _____ Postal Code _____ State _____

Organization _____ Job Title _____

What is the size of your organization?

- 0-4
- 5-9
- 10-49
- 50+

What is your level of commercial real estate industry experience?

- Novice
- Intermediate
- Advanced

	Attendee	Attendee	Attendee	Attendee
Name				
Email				
Phone #				
Address				
Address 2				
City				
Postal Code				
State				
Job Title				

Event Coupon Code _____

Total Attendee Count X \$499 *or* coupon price: \$ _____

To purchase additional tickets, call 817-405-0221

Payment Authorization

CRE Media and Events accepts credit and ACH payments. The processed transaction will show Pioneer Realty Capital on your account statement.

Please complete the billing payment authorization section you prefer to use.

Event Cancellation Policy Language

CRE Media and Events reserves the right to refuse/cancel registrations. If CRE Media and Events refuses a registration or cancels an event, registrants will be offered a refund or an opportunity to move the registrant to a new event.

Refund Policy

All CRE Media and Event ticket sales are final and will not be refunded. A purchased ticket may be credited if the purchaser makes a subsequent sponsorship/exhibitor purchase that includes event tickets. A purchased ticket may also be transferred to different attendees within the organization listed on the original registration form if the purchaser is selected to be an event panelist, keynote, or feature speaker. Please contact the event coordinator [Jared Gaspard](#) with any questions.

ACH Processing

This payment is for the COVID-19 Impact on Commercial Real Estate Conference Full Access Pass(es) shown on the registration form.

I _____, on behalf of _____ authorize
 (Purchaser Name) (Company Name)
 _____ CRE Media and Events to charge the bank account indicated below for \$ _____
 (Merchant's Name) (Amount of \$)
 on the _____.
 (day)

Note: The payment will be processed by Pioneer Realty Capital, LLC on behalf of CRE Media and Events

Billing Information

Address	
Address 2	
City, State Zip Code	
Phone #	

Credit Card Processing

This payment is for the COVID-19 Impact on Commercial Real Estate Conference Full Access Pass(es) shown on the registration form.

BILLING INFORMATION	
Please enter the following information exactly as it appears on your credit card statement.	
COUNTRY	UNITED STATES
FIRST NAME	_____
LAST NAME	_____
CARD TYPE	<input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> Mastercard <input type="checkbox"/> PayPal
CARD NUMBER	_____
EXPIRATION DATE	_____
CARD VERIFICATION NUMBER	_____
(3-digit # for Visa, MC, Discover, PayPal 4-digit number for AMEX)	
ADDRESS 1	_____
ADDRESS 2	_____
CITY	_____
STATE	_____
ZIP CODE	_____
EMAIL ADDRESS	_____
HOME TELEPHONE (optional)	_____

AGREED & ACCEPTED:

Purchaser Signature

Purchaser Printed Name

*Individually and on behalf of the company
noted above and all entitles related to
this transaction.*

You may also pay securely online now at:

<https://cremediaandevents.com/register/>