

48th Annual **training 2025** conference & expo

February 16 (5 pm) – 19 • Orlando, Florida

How to Register:

Online: TrainingConference.com

Phone: 1.847.620.4483 ext. 1
Monday – Friday; 9 am to 6 pm (ET)

Email: training_registration@goeshow.com
(Subject: Training Conference)

Mail to: Lakewood Media Group
c/o Netronix Corp eShow
5 Executive Court, Suite 2
South Barrington, IL 60010

Early Bird Discounts:

Register early to receive an automatic early bird discount on the 3-Day Training Conference & Expo. **Register by Jan. 3 to receive a \$300 discount!** If you register between Jan. 4 and Jan. 24, you'll receive a \$150 discount.

Group and Organizational Discounts:

Special discounts are available on the 3-Day Conference & Expo for groups, government/military, academic, and non-profits. One discount code may be used in addition to an automatic early bird discount. Learn more at: TrainingConference.com/2025/discounts.cfm

Payment:

Payment is accepted by credit card or corporate check. To generate an invoice and pay later, register online and select "balance due" for payment or check "bill me" in #3. Please make checks payable to Lakewood Media Group. Payment is required prior to receiving a badge in Orlando.

Registration Cancellation Policy:

Should you need to cancel your registration after making payment, you may transfer your registration to another person at any time before the conference. If you are not able to make a substitution, cancellations received by January 24, 2025, will be assessed a \$100 processing fee and the balance of your registration fee will be refunded within 30 days. For cancellations received after January 24, 2025, no refunds will be given. However, you may request a credit (valid for one year) to apply to a future Training Conference or TechLearn Conference registration.

Special Service Need/Assistance:

In order for us to accommodate your special service need in Orlando, please contact us by Friday, January 24, 2025, with your need (e.g. assisted access to sessions or a special meal request due to a medical need/allergy).

1. Attendee Information

Name _____		Job Title _____
Organization/Company _____		
Address _____		
City _____	State/Province _____	Zip/Postal Code _____
Country _____ ()		<input type="checkbox"/> Check here if you require special services.
Phone (required) _____		
Email (required) _____		

2. Registration Fees

- 3-Day Training Conference & Expo** (Feb 16, 5 pm – Feb 19)
- | | |
|---|---------|
| Super Early Bird Rate (register by Jan 3)..... | \$1,795 |
| Early Bird Rate (register Jan 4 to Jan 24)..... | \$1,945 |
| Regular Rate..... | \$2,095 |

Pre-Conference Certificate Programs (optional; choose one)

- | | |
|---|---------|
| <input type="checkbox"/> P01 Master Instructional Designer (Feb 14 – 16) | \$1,495 |
| <input type="checkbox"/> P02 Master Facilitator (Feb 14 – 16) | \$1,495 |
| <input type="checkbox"/> P03 Master Articulate 360 (Feb 14 – 16)..... | \$1,495 |
| <input type="checkbox"/> P04 Training Manager (Feb 14 – 16)..... | \$1,495 |
| <input type="checkbox"/> P05 Gamified and Game-Based Learning Designer (Feb 14 – 16)..... | \$1,495 |
| <input type="checkbox"/> P06 AI at Work (Feb 15 – 16)..... | \$1,095 |
| <input type="checkbox"/> P07 Elearning Design (Feb 15 – 16)..... | \$1,095 |
| <input type="checkbox"/> P08 Performance Consulting (Feb 15 – 16)..... | \$1,095 |
| <input type="checkbox"/> P09 Data Storytelling and Visualization (Feb 16) | \$595 |
| <input type="checkbox"/> P10 Start the Podcast! (Feb 16)..... | \$595 |

Pre-Conference Event (optional)

- | | |
|---|-------|
| <input type="checkbox"/> LLS Learning Leaders Summit (Feb 16; off-site) | \$695 |
|---|-------|

- | | |
|---|------|
| <input type="checkbox"/> Expo Only (Feb 17 – 18) | \$20 |
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Note: Expo hall entrance is included with P01-P10 and LLS fees.

Subtotal: \$ _____

Discount Code: _____ (\$ _____)

TOTAL (in U.S. Dollars): \$ _____

3. Method of Payment/Credit Card Authorization

- AmEx Discover MasterCard Visa
 Check # _____ Bill Me

Checks payable to:
Lakewood Media Group

Card Number _____	Security Code _____
Print Cardholder's Name _____	Exp. Date _____
Cardholder's Signature _____	Date _____

By signing this form, you agree to have your credit card charged for the fee(s) selected AND to the cancellation policy.

Book Your Room at Disney's Coronado Springs Resort: TrainingConference.com/2025/hotel_travel.cfm