



# WGPC 2020 REGISTRATION FORM

March 23 - 26, 2020  
Tropicana Las Vegas

Price US\$ per person	Early Bird (before Dec.31)	Regular (after Dec. 31)	Total Qty.	Total USD Amt.
<b>Individual Rate</b>	<b>\$995</b>	<b>\$1195</b>	_____	_____
<b>Group Rate</b> (4 or more from the same property, registering together)	<b>\$995</b>	<b>\$995</b>	_____	_____

Please complete all fields and check for accuracy; info is used for conference badges. Corporate emails should be used when available.

Delegate 1: \_\_\_\_\_ Job Title: \_\_\_\_\_

Casino Name: \_\_\_\_\_ Web Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

State/Province: \_\_\_\_\_ Country: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Delegate 2: \_\_\_\_\_ Title: \_\_\_\_\_ E-mail: \_\_\_\_\_

Delegate 3: \_\_\_\_\_ Title: \_\_\_\_\_ E-mail: \_\_\_\_\_

Delegate 4: \_\_\_\_\_ Title: \_\_\_\_\_ E-mail: \_\_\_\_\_

Delegate 5: \_\_\_\_\_ Title: \_\_\_\_\_ E-mail: \_\_\_\_\_

Delegate 6: \_\_\_\_\_ Title: \_\_\_\_\_ E-mail: \_\_\_\_\_

Registration forms submitted without payment will not be processed. If paying by check this form and check should be sent together and received in the WGP office by March 8, 2020. Online registration is available through show dates. Checks are not accepted at show site. Same day registration payment may be made by credit card or cash and is subject to standard screening and approval. Contact WGP for onsite registration information.

Registration fees are non-refundable after February 14, 2020 but substitutions within the same property can be made at any time with prior notice. There are no refunds or credits for no-shows. Cancellations before February 14 are subject to a \$100 administration fee. Please send cancellation, substitution or sign-up questions to Jo@WorldGameProtection.com.

Check Checks payable to World Game Protection, Inc.

Visa  MasterCard  American Express Card Number: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Billing Zip/Post Code: \_\_\_\_\_ Security Code: \_\_\_\_\_

Cardholders Name (as it appears on card): \_\_\_\_\_

Card Billing Address: \_\_\_\_\_

Submitted By: \_\_\_\_\_ Email Address \_\_\_\_\_

**REGISTER BY MAIL** Mail completed form with check to:  
World Game Protection, Inc.  
9850 South Maryland Parkway  
Suite 5 #115  
Las Vegas, Nevada 89183

**REGISTER BY PHONE** Call +1.702.407.9900 (Mon-Fri, 8am-5pm PST)

**REGISTER BY FAX** Fax form with credit card details to 702.407.9933

**QUESTIONS?** Email [jo@worldgameprotection.com](mailto:jo@worldgameprotection.com)