

international Bird Flu Summit

CONFERENCE
March 25-26, 2026
WORKSHOP
March 27
Las Vegas, NV

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Bring your entire team this year and take advantage on exclusive discounts!

Email this form to register now!

Email: info@birdflusummit.com

Contact person for any questions regarding these registrations

Name _____

Title _____

Email _____

Phone _____ Fax _____

Mobile No. (Optional) _____

Organization Details

Organization _____

Type _____

Website _____

Address1 _____

Address2 _____ City _____

State _____ Zip _____ Country _____

Please save the filled form on your PC and email as an attachment

Refund Policy, Delegate Cancellations and Transfer:

Registration cancellation requests received in writing at least forty-five (45 days) prior to the event will qualify for a full refund less 5% administrative fee. Should the original delegate exhibitor/sponsor be unable to attend, a substitute delegate is welcome at no extra charge. Any cancellation or substitution requests should be made to info@BirdFluSummit.com

Confirmation Details / Shipping Policy: SyllabusX conferences registration is electronic only. No items will ship in hard copy via mail or postal service. After completing registration online or emailing a registration form, you will receive a confirmation email with a summary of your registration details, which we recommend you retain for your own records. Delegates can receive their printed badge upon presenting a valid government-issued ID. If you do not receive an email confirming your registration details two weeks prior to the conference, please contact SyllabusX.

Registration Fees: are inclusive of program materials and breaks.

Group Registration Discount: Complimentary Registrations are available for groups of three paid attendees or more from the same organization are available.

**Group
Special
Offer**

- ☐ 1 for every 3 Paid Registrations
- ☐ 2 for every 5 Paid Registrations
- ☐ 3 for every 7 Paid Registrations
- ☐ 5 for every 10 Paid Registrations

Registration Type		Super Early Bird By 10.24.25	Early Bird By 12.26.25	Standard	Delegates	Total
Non Profit & Government Organizations	Conference Only	☐ \$925	☐ \$955	☐ \$990		
	Conference & Workshop	☐ \$1,250	☐ \$1,285	☐ \$1,350		
Commercial Registration	Conference Only	☐ \$1,250	☐ \$1,285	☐ \$1,350		
	Conference & Workshop	☐ \$1,350	☐ \$1,450	☐ \$1,550		
					Total Amount for Paid Registrant(s)	

Payment Information

CHARGE (Indicate type) ☐ Visa ☐ Master Card ☐ American Express

Name on Card _____ Security Code _____

Account # _____ Exp. Date _____ MM YY

Billing Address _____

City _____ State _____ Zip _____

Cardholder Signature _____ Date _____ MM DD YYYY

☐ CHECK is enclosed payable to SyllabusX ☐ MONEY ORDER is enclosed payable to SyllabusX

☐ PURCHASE ORDER* NO. _____

Purchase Order must be attached and list all participant(s)

* We accept purchase orders from City, County, State, Federal Agencies and Government Institutions.

Billing Organization _____

Attention _____

Billing Email _____ Daytime Phone _____

Signature _____ Date _____

FIVE EASY WAYS TO REGISTER

- 1. Register Online:**
www.birdflusummit.com
- 2. Register by Email**
Send registration form and credit card info or purchase order to info@BirdFluSummit.com
- 3. Register by Mail**
Syllabusx, Inc.
1900 Campus Commons Drive
Reston, VA 20191
- 4. Call 703-466-0022**
8AM - 5PM (ET)
- 5. Register onsite**

Produced By: SyllabusX, Inc. 1900 Campus Commons Drive, Suite 100, Reston, VA 20191

Please read SyllabusX's Terms and Conditions on: www.birdflusummit.com/terms-conditions/

SYLLABUSX
Priority Code SY-24

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Complete this registration form if you would like to register 3 or more individuals from your agency or organization to attend the International Bird Flu Summit in Las Vegas, NV!

Group Name _____ Total Number of Registrants _____

Name(s) of Paid Registrant(s)

Group Registrant Information

No.	First Name	Last Name	Title	Agency/Organization	Email
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

To add more registrants, please copy this page.

Name(s) of Free Registrant(s)

No.	First Name	Last Name	Title	Agency/Organization	Email
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

To add more registrants, please copy this page.