



HOUSTON, TEXAS

FRIDAY, AUGUST 9–MONDAY, AUGUST 12, 2019

## PRESS REGISTRATION FORM

Please email completed registration form to [meaton@aadenet.org](mailto:meaton@aadenet.org)

### Press Registration Profile

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Name (First, Middle Initial, Last) Title

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Publication/Media Outlet Work Phone Number

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Address – *Check preferred mailing address* *Home* *Work*

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City, State, Zip

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Email Address

### In case of emergency while in attendance, who should AADE contact?

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First and Last Name

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Phone Number with Area Code

Do you need special accommodations due to disability, health concerns, or physical challenges?

Yes (if so you will be contacted in July) No

By electronically initialing the below box, you are acknowledging that you have read the AADE Media Guidelines and agree to abide by them.