

# Federal Networks '25

September 16, 2025  
Washington, DC



38th  
Annual

## REGISTRATION FORM

### REGISTRATION FEE:

#### Industry Employee Registration

Register and pay  
by 8/16/25

Register after  
8/16/25

☐ Registration .....\$595.....\$695

Government Employee Rate\* .....Complimentary

\*"Government Employee Rate" is available to verified, full time Government Agency Employees. Positive identification required. Contractors may NOT register as Government Employees. Government passes and seating subject to availability and will be approved individually.

### FOUR EASY WAYS TO REGISTER:

- ▶ **ON-LINE:** Go to [www.telestrategies.com/fednetworks](http://www.telestrategies.com/fednetworks) and click on "registration"
- ▶ **BY PHONE:** Call (703) 734-7050 for immediate registration. Registration hours are 8:30-5:00 EST. Mon.-Fri.
- ▶ **BY MAIL:** Complete the registration form and mail to: TeleStrategies, Inc., P.O. Box 7443, McLean, VA 22106
- ▶ **BY FAX:** Complete registration form and fax it to: (703) 734-9371 or email to Bernadette: [beaton@telestrategies.com](mailto:beaton@telestrategies.com)

**Hotel:** Sheraton Pentagon City Hotel  
900 South Orme Street  
Arlington, VA, 22204

**Transfers and Substitutions:** Transfers and substitutions are permissible up to 24 hours in advance of conference date.

**Cancellations and No-Shows:** If you are unable to attend, there is no penalty if your cancellation is received in writing by August 16, 2025.

Registrants who do not attend and who do not cancel before August 16, 2025 are liable for the full registration fee. If the conference is canceled or postponed TeleStrategies nor Suss Consulting will be responsible for any airfare, hotel or other costs incurred by registrants.

### REGISTRANT INFORMATION:

NAME

TITLE

COMPANY

ADDRESS

CITY

STATE/PROVINCE/COUNTRY

ZIP/POSTAL/COUNTRY CODE

TEL

EMAIL

### PREPAYMENT REQUIRED:

(Payment in full is required before attendance.)

☐ My check is enclosed in the amount of \$\_\_\_\_\_.

☐ Please bill my company.

☐ Please bill my: ☐ Visa ☐ MasterCard ☐ Diners Club  
☐ Discover ☐ American Express

ACCOUNT NO.

EXPIRATION DATE (MM/YY)

CARD HOLDER'S NAME (PLEASE PRINT)

SIGNATURE

**REGISTER NOW!**  
[telestrategies.com/fednetworks](http://telestrategies.com/fednetworks)