IBS Fall Conference Conference REGISTRATION FORM

IBS, Intercollegiate Broadcasting System, Inc.,
2014 Fall School/College Radio/TV/Webcasting Conferences
September 27, Chicago; October 25, Boston; November 15, Redlands, CA

Register Online with Credit Card: http://www.collegebroadcasters.us
Use American Express, VISA, MasterCard, or Discover Card
Mail your reservation TODAY!

Intercollegiate Broadcasting System (IBS)
367 Windsor Highway
New Windsor, NY 12553 - 7900

Print this form, fill it in and mail with your payment check.

Station Name/Call Letters: __________________________________________

School/Community/Business Name: __________________________________

Station email address: _____________________________________________

Registration fee ($45 per delegate): (IBS Federal ID for your business office is: 237059805)
___ Registration below for IBS Columbia College, Chicago, IL (Saturday, September 27)
___ Registration below for IBS Boston, Simmons College, Boston, MA (October 25)
___ Registration below for IBS Univ of Redlands, CA (Near Los Angeles) (November 15)

IBS member registration fee: # of delegates _______ at $45 per person including lunch = $ _________

Non-member: registration fee: # of delegates _______ at $95 per person including lunch = $ _________

Please register the following people (please print clearly):

Person #1
First Name: _______________ Last Name: _____________________

Person's Station Job Title for Badge: ____________________________

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Person #2
First Name: _______________ Last Name: _____________________

Person's Station Job Title for Badge: ____________________________
Person #3
First Name: __________________  Last Name: __________________
Person's Station Job Title for Badge: _________________________

Person #4
First Name: __________________  Last Name: __________________
Person's Station Job Title for Badge: _________________________

Person #5
First Name: __________________  Last Name: __________________
Person's Station Job Title for Badge: _________________________

Person #6
First Name: __________________  Last Name: __________________
Person's Station Job Title for Badge: _________________________

Person #7
First Name: __________________  Last Name: __________________
Person's Station Job Title for Badge: _________________________

Person #8
First Name: __________________  Last Name: __________________
Person's Station Job Title for Badge: _________________________

Person #9
First Name: __________________  Last Name: __________________
Person's Station Job Title for Badge: _________________________

Person #10
First Name: __________________  Last Name: __________________
Person's Station Job Title for Badge: _________________________

Please print any additional names & titles on a blank sheet of paper and attach it with your check.