

IBSNYC2018 Conference Registration Form
International School/College Radio/TV/Webcast
Conference Friday-Saturday-Sunday, March 2-3-4, 2018

Station Name/Call Letters

College/School/Business Name

Email Address (s)

(Optional) USPS First Class Mailing Address/Zip Code

Registration (through February 14, 2018 –when registration rates increase to \$110/\$660)

IBS Members:

___\$95 per person up to 5 delegates - _____\$570 for group of 6 or more delegates

Nonmembers:

___\$150/per person (No group rate)

Our payment check/Cash for # _____ of delegates in the amount of \$ _____

Please register the following people (please print clearly): Person #1

First Name: _____ Last Name: _____

Delegate's Title for Badge: _____

Person #2

First Name: _____ Last Name: _____

Delegate's Title for Badge: _____

Person #3

First Name: _____ Last Name: _____

Delegate's Title for Badge: _____

Person #4

First Name: _____ Last Name: _____

Delegate's Title for Badge: _____

Person #5

First Name: _____ Last Name: _____

Delegate's Title for Badge: _____

Person #6
First Name: _____ Last Name: _____

Delegate's Title for Badge _____

Person #7
First Name: _____ Last Name: _____

Delegate's Title for Badge: _____

Person #8
First Name: _____ Last Name: _____

Delegate's Title for Badge:

Person #9
First Name: _____ Last Name: _____

Delegate's Title for Badge: _____

Person #10
First Name: _____ Last Name: _____

Delegate's Title for Badge: _____

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