

**IBSNYC2019 Conference Registration Form**  
International School/College Radio/TV/Webcast Conference  
Friday-Saturday-Sunday, March 1-2-3, 2019

Station Name/Call Letters

\_\_\_\_\_

College/School/Business Name

\_\_\_\_\_

Email Address (s)

\_\_\_\_\_

(Optional) USPS First Class Mailing Address/Zip Code

\_\_\_\_\_

**Registration (Now through December 30, 2018, registration rates \$80 per delegate-\$480 Group 6+)**

IBS Members:

\_\_\_\_\_ \$80 per person up to 5 delegates - \$480 for group of 6 or more delegates

Nonmembers:

\_\_\_\_\_ \$200/per person (No group rate)

**Registration (December 31, 2018 – February 6, registration rates \$95 per delegate-\$570 Group 6+)**

IBS Members:

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

Nonmembers:

\_\_\_\_\_ \$200/per person (No group rate)

**Registration (through February 7, 2019 –when registration rates increase to \$110/\$660)**

IBS Members:

\_\_\_\_\_ \$110 per person up to 5 delegates - \$660 for group of 6 or more delegates

Nonmembers:

\_\_\_\_\_ \$200/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: \_\_\_\_\_

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Person #2

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Delegate's Title for Badge: \_\_\_\_\_

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Person #3  
First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Delegate's Title for Badge: \_\_\_\_\_  
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Person #4  
First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Delegate's Title for Badge: \_\_\_\_\_  
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Person #5  
First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Delegate's Title for Badge: \_\_\_\_\_  
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Person #6  
First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Delegate's Title for Badge: \_\_\_\_\_  
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Person #7  
First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Delegate's Title for Badge: \_\_\_\_\_  
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Person #8  
First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Delegate's Title for Badge:

Person #9  
First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Delegate's Title for Badge: \_\_\_\_\_  
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Person #10  
First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Delegate's Title for Badge: \_\_\_\_\_  
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Please print any additional names & titles on a blank sheet of paper and attach it with your check