

REGISTRATION - MEMBER & NATIONAL PUBLIC BROADCASTING ORGANIZATIONS
THE 2019 PUBLIC MEDIA SUMMIT/ANNUAL MEMBERSHIP MEETING
February 25 - February 27, 2019 Washington, D.C.



Please type or print clearly.

Registrant Information

Name: _____
(Print name as it should appear on badge)

Title: _____

Organization (station): _____

Organization (lay): _____

Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____ Email: _____

If you have any special needs or accommodations please provide further details below:

	<u>Thru 1/31</u>	<u>After 1/31</u>
APTS Member Station Staff, Associate Member, National Organization	<input type="checkbox"/> \$550	<input type="checkbox"/> \$630
APTS Member Station Board (non-station staff)/Community Representative/Volunteer	<input type="checkbox"/> \$370	<input type="checkbox"/> \$450

Background Information

- | | | |
|--|---|--|
| <input type="checkbox"/> GM/SM/CEO | <input type="checkbox"/> National Organization | <input type="checkbox"/> APTS Lay Rep/Station Board Member |
| <input type="checkbox"/> APTS Associate Member | <input type="checkbox"/> Friends/Volunteer Organization | <input type="checkbox"/> Other Station Staff |
| <input type="checkbox"/> Other | | |

Registrant Events

The following events are included with your registration. Place a check next to each event you plan to attend.

- | | |
|--|---|
| <input type="checkbox"/> Monday, February 25, Lunch | <input type="checkbox"/> Tuesday, February 26, Lunch |
| <input type="checkbox"/> Monday, February 25, Reception | <input type="checkbox"/> Tuesday, February 26, Dinner |
| <input type="checkbox"/> Monday, February 25, Dinner | <input type="checkbox"/> Wednesday, February 27, Capitol Hill Breakfast |
| <input type="checkbox"/> Tuesday, February 26, Breakfast | |

Payment Information

Registration Fee Amount Due: \$ _____

Method of Payment: AMEX MasterCard Visa Check

Name on Card: _____

Credit Card No.: _____

Expiration Date: _____

mm/yyyy

Signature
of cardholder: _____

Checks should be made payable to APTS and must accompany registration.

Cancellation/Refund Policy

All registration cancellations and requests for refunds must be submitted in writing and mailed or faxed by February 15, 2019 to be eligible for a full refund minus a \$100 cancellation fee. No refunds will be issued after February 15, 2019.

Please complete and return to:
Juliana Jervis, APTS
2100 Crystal Drive, Suite 700, Arlington, VA 22202
Phone: 202-654-4227 Fax: 202-654-4236 E-mail: jjervis@apts.org