

IBSNYC2017 Conference Registration Form
International School/College Radio/TV/Webcast
Conference Friday-Saturday-Sunday, March 3-4-5, 2017

Mail Check and this form to:
IBS - Intercollegiate Broadcasting System, Inc.
367 Windsor Highway, New Windsor, NY 12553-7900

To register online with a credit card:
<http://www.collegebroadcasters.us>

At New York's Hotel Pennsylvania, 401 7th Avenue (at 33rd Street), New York, NY 10001
To register for Hotel PENN reservations you must call 1-800-223-8585 for IBS Radio Rate

Station Name/ Call Letters: _____
School/Community/Business _____
Name: Station email address: _____

Early Bird registration (Now, through December 30, 2016)

IBS Members:
___\$80/per person up to 5 delegates - \$480 for group of 6 or more delegates

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

Regular registration (December 31, 2016, through February 16, 2017)

IBS Members:
___\$95/per person up to 5 delegates - \$570 for group of 6 or more delegates

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

Late registration (February 17, 2017, through March 3, 2017, on site)

IBS Members:
___\$110 per person up to 5 delegates - _____\$660 for group of 6 or more delegates

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

Our payment check for # of delegates in the amount of \$_____
(IBS Federal ID for your business office is: 23 705 9805)(Download W-9 from website)
To register online (American Express, VISA, MasterCard, Discover, go to IBS website:
<http://www.collegebroadcasters.us>

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: _____

Person #11
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
