2015 PBS Technology Conference
Las Vegas, NV | April 8 – 10
On-Site Registration Form
Please note: Advance registration closed March 27, 2015

ABOUT YOU

First Name:_____
(as it will appear on badge)

Last Name:_____

Title:_____

Company:_____

Address:_____

_____

City:_____

State/Zip:_____

Phone:_____

Cell Phone:_____

Email:_____

Assistant Email:

_____

BACKGROUND INFORMATION
❑ Engineering ❑ Traffic / Operations
❑ GM / CEO / COO ❑ IT
❑ Production ❑ Other _____

Is this your first time attending TechCon?
❑ Yes ❑ No

If you use Twitter, what's your username?
(You can follow the conference @PBSTechCon)
_____

How many years have you worked in public media?
❑ Less than 2 years ❑ 3-5 years
❑ 6-9 years ❑ 10-15 years
❑ 15-29 years ❑ More than 30 years

Do you have any dietary restrictions?
❑ Vegetarian ❑ Vegan
❑ Dairy Free ❑ Gluten Free
❑ Kosher ❑ Other _____

What is your gender?
❑ Male ❑ Female

What is your age group?
❑ Under 25 ❑ 26-35
❑ 36-45 ❑ 46-55
❑ 56+

Please indicate any special accessibility needs:
_____

REGISTRATION FEES

PBS Member Stations
(also CPB, APTS, NPR and NETA)

❑ $760 Technology Conference
(Does **not** include NAB)

❑ $610 Technology Conference with Small Station Discount
(Does **not** include NAB)

Non-Members
❑ $975 (Does **not** include NAB)

Sponsors and Exhibitors:

Please contact Naseem Hussain at nhussain@pbs.org.

CONFERENCE EVENTS

Please check **all** meals/events you will attend:

Wednesday, April 8
❑ Wednesday Breakfast
❑ Wednesday Lunch
❑ Opening Reception

Thursday, April 9
❑ Thursday Breakfast
❑ Thursday Lunch
❑ Opening Reception

Friday, April 10
❑ Friday Breakfast
❑ Friday Lunch
❑ Closing Reception

Saturday, April 11
❑ Ennes Workshop

POST-CONFERENCE WORKSHOP
IP Video for Broadcast Engineers
Saturday, April 11
(brought to you by IEEE and PBS)

❑ $150

PAYMENT INFORMATION

PLEASE TOTAL BOXES ABOVE AND ENTER AMOUNT TO BE PAID: $_____

❑ Check   Check number _____

(A CHECK PAYABLE TO PBS TECHNOLOGY CONFERENCE MUST ACCOMPANY THIS FORM)

❑ Credit Card   ○ AMEX   ○ MASTERCARD   ○ VISA

Card Number _____

Expiration Date _____

Name as it appears on the card _____

Cardholder signature_____ Date _____