



2012 MFM/BCCA CONFERENCE
May 21-23 ♦ Caesars Palace ♦ Las Vegas, NV
DAILY EVENT REGISTRATION FORM



Please type or legibly print all information:

*Name _____

*Nickname _____

Title _____

Phone _____

*Company/
Corporate Group _____

Fax _____

*Call Letters _____

E-mail _____

* Will appear on badge.

Address _____

Please check ALL that apply: MFM Member BCCA Member

*City _____

TV Radio Cable Network MSO
 Newspaper Other _____

*State _____ Zip _____

1st MFM/BCCA Conference CPA Male Female

EMERGENCY Contact Name: _____

Please send MFM Membership Packet (Non-members only)

EMERGENCY Phone #: _____

Please send BCCA Membership Packet (Non-members only)

Attached is description of my accessibility/dietary requirements

Rates for Daily (or Guest/Spouse) Attendees

Monday Sessions Only	<input type="checkbox"/> \$200	_____
Monday Sessions, Opening Exhibit Hall Reception & Evening Event	<input type="checkbox"/> \$350	_____
Monday Opening Reception & Evening Event Only	<input type="checkbox"/> \$150	_____
Monday Evening Event – Exhibit Staff	<input type="checkbox"/> \$100	_____
Tuesday Sessions (Includes General Session Breakfast, Sessions, Refreshment Breaks, Exhibits & Lunch in Exhibit Hall)	<input type="checkbox"/> \$350	_____
Tuesday General Session Breakfast	<input type="checkbox"/> \$75	_____
Tuesday Lunch in Exhibit Hall Only	<input type="checkbox"/> \$75	_____
Tuesday Sessions and Evening Event	<input type="checkbox"/> \$400	_____
Tuesday Evening Event Only	<input type="checkbox"/> \$75	_____
Wednesday Sessions (Includes Continental Breakfast, Sessions, Refreshment Breaks, Exhibits & Luncheon)	<input type="checkbox"/> \$350	_____
Wednesday Luncheon Only	<input type="checkbox"/> \$75	_____
Exhibitor Package (Sunday Evening Event, General Session Breakfast, Happy Hour & a Half, Closing Luncheon)	<input type="checkbox"/> \$325	_____
TOTAL		\$ _____

Note: This form is for Guest/Spouse or those not purchasing a full-registration.

PAYMENT: U.S. Funds only. <input type="checkbox"/> Check enclosed <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Am Ex <input type="checkbox"/> Discover Credit Card # _____ Exp. Date _____ Sec. Code _____ Signature _____ MFM FEIN: 13-1984011
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Payment Must Accompany Registration Form

**Mail Registration Form and check payable to MFM/BCCA Conference to:
 MFM, PO Box 1178, Bedford Park, IL 60499-1179**

or register on-line at www.mediafinance.org

**Overnight deliveries send to MFM/BCCA office address:
 550 W. Frontage Road, Ste. 3600, Northfield, IL 60093**

Questions? Call MFM at 847/716-7000 or visit www.mediafinance.org. Fax credit card payment to 847/716-7004.