



**2010 MFM/BCCA CONFERENCE**  
**May 23-25 ♦ The Renaissance Hotel ♦ Nashville, TN**  
**DAILY EVENT REGISTRATION FORM**



Please type or legibly print all information:

\*Name \_\_\_\_\_  
 Title \_\_\_\_\_  
 \*Company/  
 Corporate Group \_\_\_\_\_  
 \*Call Letters \_\_\_\_\_  
 Address \_\_\_\_\_  
 \*City \_\_\_\_\_  
 \*State \_\_\_\_\_ Zip \_\_\_\_\_

\*Nickname \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Fax \_\_\_\_\_  
 E-mail \_\_\_\_\_  
**Please check ALL that apply:**  MFM Member  BCCA Member  
 TV  Radio  Cable Network  MSO  
 Newspaper  Other \_\_\_\_\_

EMERGENCY PHONE #: \_\_\_\_\_  
 \* Will appear on badge.

**Market Rank:**  1 - 25  26 - 50  51+  
 Corporate  Network/Affiliate  Independent  
 1st MFM/BCCA Conference  CPA  Male  Female  
 Please send MFM Membership Packet (Non-members only)  
 Please send BCCA Membership Packet (Non-members only)  
 Attached is description of my accessibility/dietary requirements

**Rates for Daily or Guest/Spouse Attendees**

- |   |                                |       |
|---|--------------------------------|-------|
| Sunday Sessions Only  | <input type="checkbox"/> \$175 | _____ |
| Sunday Sessions, Opening Exhibit Hall Reception & Evening Event   | <input type="checkbox"/> \$325 | _____ |
| Sunday Opening Reception & Evening Event Only   | <input type="checkbox"/> \$150 | _____ |
| Monday Sessions (Includes General Session Breakfast, Sessions,<br>Refreshment Breaks, Exhibits & Lunch in Exhibit Hall) | <input type="checkbox"/> \$325 | _____ |
| Monday General Session Breakfast  | <input type="checkbox"/> \$75  | _____ |
| Monday Lunch in Exhibit Hall Only   | <input type="checkbox"/> \$75  | _____ |
| Monday Sessions and Evening Event   | <input type="checkbox"/> \$375 | _____ |
| Monday Evening Event Only   | <input type="checkbox"/> \$75  | _____ |
| Tuesday Sessions (Includes Continental Breakfast, Sessions,<br>Refreshment Breaks, Exhibits & Luncheon)                 | <input type="checkbox"/> \$325 | _____ |
| Tuesday Luncheon Only   | <input type="checkbox"/> \$75  | _____ |

**TOTAL** \$ \_\_\_\_\_

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

<b>PAYMENT:</b> 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](http://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](http://www.mediafinance.org). Fax credit card payment to 847/716-7004.