

**REGISTRATION**  
**2010 APTS CAPITOL HILL DAY/ANNUAL MEMBERSHIP MEETING**  
**February 7-9, Washington, D.C.**



Visit [www.pts.org](http://www.pts.org) to register online.

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 12/24</u>	<u>Thru 01/15</u>	<u>After 01/15</u>
APTS Member Station Staff, Associate Member, National Organization	<input type="checkbox"/> \$325	<input type="checkbox"/> \$440	<input type="checkbox"/> \$505
APTS Member Station Board (non-station staff)/Community Representative/Volunteer	<input type="checkbox"/> \$150	<input type="checkbox"/> \$285	<input type="checkbox"/> \$405

**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"/> Sunday, February 7, Reception | <input type="checkbox"/> Monday, February 8, Lunch      |
| <input type="checkbox"/> Monday, February 8, Breakfast | <input type="checkbox"/> Tuesday, February 9, Breakfast |

**Payment Information**

Registration Fee Amount Due: \$ \_\_\_\_\_

Method of Payment:     AMEX                       MasterCard                       Visa                       Check

Name on Card: \_\_\_\_\_

Credit Card No.: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

mm/dd/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 January 22 to be eligible for a full refund minus a \$100 cancellation fee. No refunds will be issued after January 23.

Please complete and return to:  
Lakesha Jones; APTS  
2100 Crystal Drive, Suite 700, Arlington, VA 22202  
Phone: 202-654-4200    Fax: 202-654-4236  
E-mail: [ljones@pts.org](mailto:ljones@pts.org)