



CONFERENCE & EXHIBITION  
 MONDAY – THURSDAY  
 1.28.08\* – 1.31.08  
 MANDALAY BAY RESORT  
 LAS VEGAS NEVADA  
 \* 1.28.08 Featuring Mobile++

## EXHIBITOR REGISTRATION

DEADLINE: January 18, 2008

### Register Online to SAVE \$25: [www.natpe.org](http://www.natpe.org)

- Register by Mail:** (send form and payment)  
 NATPE Registration Center, 11208 Waples Mill Rd., Suite 112, Fairfax, VA 22030
- Register by Fax:** (credit cards and wires only) 703-631-6288 or 888-273-5706
- Registration Questions:** Call Center 888-273-5709 or 703-654-6920 or email [natperegistration@jspargo.com](mailto:natperegistration@jspargo.com)
- Exhibit hall limited to persons 18 years and older.

A corporate membership in NATPE is applicable solely to the member entity and does not apply to any of its parents, subsidiaries, affiliates or owned and operated stations, all of which are eligible for corporate member status in their own right.

### COMPLIMENTARY REGISTRATION QUALIFICATIONS

<b>Standard Option:</b>	<b>Complete Booth Package:</b>	<b>Pavilion Package:</b>	<b>Suites:</b>
3 per 100 sq ft/max = 50	4 per 100 sq ft	4 per 100 sq ft	3 per room

Names must be submitted in advance. Badges may be picked up individually or in a group by showing company ID at the exhibitor registration counters at the Mandalay Bay Convention Center starting January 27, 2008.

**Please Note:** Exhibitor (red) badges will allow for floor access 8 a.m. – 6 p.m. daily during set-up and show days. Exhibition opens Tuesday, January 29 at 10 a.m.

### PRIMARY EXHIBITOR CONTACT

Please select one of the following badge options:

- Badges will be picked up on-site by each individual.
- Badges will be picked up on-site by the Primary Exhibitor Contact.
- Set appointment to schedule specific group pick-up time for badges.

I will be attending NATPE 2008

### SECTION A: Primary Exhibitor Registration Contact Information

FIRST NAME	LAST NAME	
BUSINESS CARD TITLE		
COMPANY NAME		
ADDRESS		
ADDRESS		
CITY	STATE	POSTAL CODE
COUNTRY		
TELEPHONE (Include country/city code)		FAX (Include country/city code)
E-MAIL ADDRESS		URL

I consent to receive faxes sent by or on behalf of NATPE.

I do not consent to receive E-mail sent by NATPE.

Would you like to receive E-mail sent by NATPE's partners or exhibitors?  Yes  No

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

### SECTION B: Registration Fees

All credentials must be picked up on-site.

#### GENERAL CONFERENCE REGISTRATION

Within Complimentary Allotment Administrative Fee . . . . . EMO1  \$25

<b>EARLY BIRD</b> Before Dec. 15	<b>ADVANCE</b> Before Jan. 25	<b>ONSITE</b> After Jan. 25
-------------------------------------	----------------------------------	--------------------------------

Above Complimentary Allotment (MEMBER) EMOA  \$675 EMOA  \$795 EMOA  \$870

Above Complimentary Allotment (NON-MEMBER) EMOA  \$925 EMOA  \$1,045 EMOA  \$1,125

(NATPE Member Rate. Administrative Fee included.)

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

### SECTION C: Other Activities (Visit [www.natpe.org](http://www.natpe.org) for Deluxe Package benefits)

NATPE MOBILE++ (Jan. 28)	EARLY BIRD Before Dec. 15	ADVANCE Before Jan. 25	ONSITE After Jan. 25	
<b>with purchase of Conference Registration*</b>				
.....	<input type="checkbox"/> \$300	<input type="checkbox"/> \$350	<input type="checkbox"/> \$400	
<b>NATPE Mobile++ (Monday Jan. 28)</b>				
.....	<input type="checkbox"/> \$400	<input type="checkbox"/> \$450	<input type="checkbox"/> \$500	
<b>Brandon Tartikoff Legacy Awards</b> .....			<input type="checkbox"/> \$100	
<b>Educational Foundation Donation</b> .....	<input type="checkbox"/> \$50	<input type="checkbox"/> \$100	<input type="checkbox"/> \$150	<input type="checkbox"/> Other _____
<b>TOTAL \$</b> _____				

\*must be purchased with Conference Registration at the same time

### SECTION D: Cancellations

**Cancellations: Membership payments are non-refundable.** Written notice of cancellation must be postmarked by December 21, 2007. A \$100 administrative fee will be applied to all cancellations. NO REFUNDS FOR CANCELLATIONS POSTMARKED AFTER DECEMBER 21, 2007. All account discrepancies must be settled by April 1, 2008. It is the policy of NATPE not to refund amounts of \$50 or less.

ADV

IH



YES

Special Needs-  
Please attach a description

### SECTION E: Product/Services/Title Function

#### Job Function: Check one (1)

- |   |   |   |
|---|---|---|
| A <input type="checkbox"/> Acquisitions (Programs/Content)  | G <input type="checkbox"/> Financial            | N <input type="checkbox"/> Production/Post      |
| B <input type="checkbox"/> Agent                            | H <input type="checkbox"/> General Management   | O <input type="checkbox"/> Programming          |
| C <input type="checkbox"/> Business/<br>Program Development | I <input type="checkbox"/> Information Services | P <input type="checkbox"/> Research             |
| D <input type="checkbox"/> Consultant                       | J <input type="checkbox"/> Legal                | Q <input type="checkbox"/> Sales                |
| E <input type="checkbox"/> Creative Services                | K <input type="checkbox"/> Marketing            | R <input type="checkbox"/> Web/Internet Related |
| F <input type="checkbox"/> Education                        | L <input type="checkbox"/> News                 |   |
|   | M <input type="checkbox"/> Operations           |   |

#### Generic Job Title: Check one (1)

- |  |   |  |
|--|---|--|
| A <input type="checkbox"/> Account Executive         | J <input type="checkbox"/> Managing Director            | S <input type="checkbox"/> Research Director                     |
| B <input type="checkbox"/> Agent                     | K <input type="checkbox"/> News Director                | T <input type="checkbox"/> Sales Manager                         |
| C <input type="checkbox"/> Chairman                  | L <input type="checkbox"/> Operations Manager/ Director | U <input type="checkbox"/> Station Manager                       |
| D <input type="checkbox"/> Consultant                | M <input type="checkbox"/> Owner/ Partner               | V <input type="checkbox"/> Traffic Manager                       |
| E <input type="checkbox"/> Coordinator/Support Staff | N <input type="checkbox"/> President/CEO/COO/CEO        | W <input type="checkbox"/> Undergraduate                         |
| F <input type="checkbox"/> Director                  | O <input type="checkbox"/> Producer                     | X <input type="checkbox"/> Vice President/<br>Executive VP/Sr.VP |
| G <input type="checkbox"/> General Manager           | P <input type="checkbox"/> Professor                    |  |
| H <input type="checkbox"/> Graduate                  | Q <input type="checkbox"/> Program Executive            |  |
| I <input type="checkbox"/> Manager                   | R <input type="checkbox"/> Promotion Director           |  |

#### What is your objective at NATPE 2008? Check all that apply

- |  |   |  |
|--|---|--|
| A <input type="checkbox"/> Attend Exhibition | C <input type="checkbox"/> Networking     | E <input type="checkbox"/> Selling Content |
| B <input type="checkbox"/> Attend Seminars   | D <input type="checkbox"/> Buying Content |  |

#### Which hotel are you staying in?

- |                                      |   |   |
|--------------------------------------|---|---|
| A <input type="checkbox"/> Excalibur | C <input type="checkbox"/> Mandalay Bay | E <input type="checkbox"/> Other: _____ |
| B <input type="checkbox"/> Luxor     | D <input type="checkbox"/> THEhotel     |   |

### SECTION F: Payment Information

**CK**  Check # \_\_\_\_\_ Check must be payable to NATPE and be drawn in U.S. funds from a U.S. bank. There will be a \$15 fee for all returned checks. No checks will be accepted onsite.

**WT**  Wire - Must fax copy of wire transaction to NATPE. Add \$35 for wire transfer.

**AE**  American Express **VI**  Visa **MC**  Master Card **DI**  Discover **DN**  Diners Card

CARD NUMBER	EXPIRATION DATE
CARDHOLDER	SIGNATURE
BILLING ADDRESS – if different than above	
BILLING ADDRESS	

NATPE dues are not deductible as a charitable contribution for federal income tax purposes, but may be deductible as a business expense. NATPE does not participate in lobbying activities on behalf of its members.



**SECTION G: Attending Employee(s)**

Please print all names of personnel exhibiting with your company and their demographic information below and indicate if they need a buyer badge and if the badge is complimentary or paid. If contact information is different from key contact information, please note individual information below. **Attach a copy of this form with additional names if necessary. All fields are required.**

**An administrative fee of \$25 will be charged for all within allotment (comp) registration. To avoid this fee register your comp registrations online.**

FIRST NAME	LAST NAME	BUS CARD TITLE (Does not appear on badge)	BUYER BADGE <input type="checkbox"/>
ADDRESS (if different from key contact)		CITY	STATE      POSTAL CODE      COUNTRY
PHONE	FAX	E-MAIL	URL
FROM CHOICES IN SECTIONS C & E, PLEASE FILL IN LETTER CODES BELOW			
<input type="checkbox"/> Comp Registration \$25/ <input type="checkbox"/> Paid Registration    Job Function: _____    Generic Job Title: _____    Hotel: _____    Legacy Awards: (Y/N) _____    NATPE Mobile++: _____			
<input type="checkbox"/> I consent to receive faxes sent by or on behalf of NATPE. <input type="checkbox"/> I do not consent to receive E-mail sent by NATPE.		Would you like to receive E-mail sent by NATPE's partners or exhibitors? <input type="checkbox"/> Yes <input type="checkbox"/> No	
SIGNATURE: _____		DATE: _____	

FIRST NAME	LAST NAME	BUS CARD TITLE (Does not appear on badge)	BUYER BADGE <input type="checkbox"/>
ADDRESS (if different from key contact)		CITY	STATE      POSTAL CODE      COUNTRY
PHONE	FAX	E-MAIL	URL
FROM CHOICES IN SECTIONS C & E, PLEASE FILL IN LETTER CODES BELOW			
<input type="checkbox"/> Comp Registration \$25 / <input type="checkbox"/> Paid Registration    Job Function: _____    Generic Job Title: _____    Hotel: _____    Legacy Awards: (Y/N) _____    NATPE Mobile++: _____			
<input type="checkbox"/> I consent to receive faxes sent by or on behalf of NATPE. <input type="checkbox"/> I do not consent to receive E-mail sent by NATPE.		Would you like to receive E-mail sent by NATPE's partners or exhibitors? <input type="checkbox"/> Yes <input type="checkbox"/> No	
SIGNATURE: _____		DATE: _____	

FIRST NAME	LAST NAME	BUS CARD TITLE (Does not appear on badge)	BUYER BADGE <input type="checkbox"/>
ADDRESS (if different from key contact)		CITY	STATE      POSTAL CODE      COUNTRY
PHONE	FAX	E-MAIL	URL
FROM CHOICES IN SECTIONS C & E, PLEASE FILL IN LETTER CODES BELOW			
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<input type="checkbox"/> I consent to receive faxes sent by or on behalf of NATPE. <input type="checkbox"/> I do not consent to receive E-mail sent by NATPE.		Would you like to receive E-mail sent by NATPE's partners or exhibitors? <input type="checkbox"/> Yes <input type="checkbox"/> No	
SIGNATURE: _____		DATE: _____	

FIRST NAME	LAST NAME	BUS CARD TITLE (Does not appear on badge)	BUYER BADGE <input type="checkbox"/>
ADDRESS (if different from key contact)		CITY	STATE      POSTAL CODE      COUNTRY
PHONE	FAX	E-MAIL	URL
FROM CHOICES IN SECTIONS C & E, PLEASE FILL IN LETTER CODES BELOW			
<input type="checkbox"/> Comp Registration \$25 / <input type="checkbox"/> Paid Registration    Job Function: _____    Generic Job Title: _____    Hotel: _____    Legacy Awards: (Y/N) _____    NATPE Mobile++: _____			
<input type="checkbox"/> I consent to receive faxes sent by or on behalf of NATPE. <input type="checkbox"/> I do not consent to receive E-mail sent by NATPE.		Would you like to receive E-mail sent by NATPE's partners or exhibitors? <input type="checkbox"/> Yes <input type="checkbox"/> No	
SIGNATURE: _____		DATE: _____	