

## 1 CONTACT INFORMATION

Name \_\_\_\_\_ Preferred Name for Badge \_\_\_\_\_

Title \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ ZIP/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

 Check if any physical or dietary requirements. Describe: \_\_\_\_\_

## 2 REGISTRATION TYPE / ADDITIONAL INFORMATION

### FULL CONFERENCE REGISTRATION

*Includes all programming, meal functions, Alliance hosted events & advertiser meetings (by appointment only).*

#### EARLY, EARLY BIRD

(Until January 8, 2017)

 Alliance Member \$845.00

#### EARLY BIRD

(From January 9 to March 12, 2017)

 Alliance Member \$995.00

#### REGULAR

(After March 12, 2017)

 Alliance Member \$1,095.00

### SPECIAL EVENT SELECTION

*Please indicate by checking the boxes below if you plan to attend the following functions.*

 Opening Reception (Sun. 4/30, 6-8pm)

 Day 1 Meals (Mon., 5/1, 9am-5pm)

 Day 1 Reception (Mon., 5/1, 5-7pm)

 Day 2 Meals (Tue., 5/2, 9am-5pm)

 Closing Reception (Tues. 5/2, 5-8pm)

### GUEST REGISTRATION

*Guests are non-industry friends or family members. Fee includes access to all programming, meal functions and Alliance sponsored functions. It does not include access to the advertiser meetings.*

 Full Conference \$500.00

Guest Name: \_\_\_\_\_

## 3 PAYMENT INFORMATION

Registrations will be processed only when payment is included. Payment may be made by check payable to the News Media Alliance in U.S. funds or by credit card (American Express, MasterCard or Visa only).

Check # \_\_\_\_\_ in the amount of \_\_\_\_\_

 I authorize News Media Alliance to charge \$ \_\_\_\_\_ to my:  AMEX  MasterCard  Visa

Credit Card # \_\_\_\_\_ Exp date \_\_\_\_/\_\_\_\_ Security code \_\_\_\_\_

Print name (as it appears on card) \_\_\_\_\_

Signature (required on all charges) \_\_\_\_\_

Billing address for credit card \_\_\_\_\_

#### Mail form with check to:

News Media Alliance Accounts Receivable  
 4401 Wilson Blvd., Suite 900  
 Arlington, VA 22203

Or Email form to: (credit card payments only) [accounts.receivable@newsmediaalliance.org](mailto:accounts.receivable@newsmediaalliance.org)

**POLICIES: REFUNDS AND CANCELLATIONS:** All cancellations and refund requests must be received in writing by March 31, 2017. Refunds will not be issued for cancellations made after this date regardless of the registration date or for no-shows. Refunds will be issued within 45 business days after the conference and a \$100 processing fee will be deducted. Substitutions from the same company will be accepted in writing without penalty. Send requests to mediaXchange Registration, 4401 Wilson Blvd., Suite 900, Arlington, VA 22203. **REGISTRATION CONFIRMATION:** An email confirmation will be sent within 7-10 business days. **PICTURES:** Please be aware that photographers are present during the conference. Pictures taken may be used in future printed or electronic conference promotions or reports. **UNAUTHORIZED SOLICITATIONS:** Solicitation of attendees, exhibitors and sponsors by non-sponsoring or non-exhibiting companies is prohibited and will subject the individual to expulsion from all events. **QUESTIONS?** Please contact the Registrar at 844.656.4622 or [registrar@newsmediaalliance.org](mailto:registrar@newsmediaalliance.org).

**NOTE: ACCESS TO HOSTED ADVERTISER MEETINGS IS BY APPOINTMENT ONLY AND IS AVAILABLE TO PAID NEWSPAPER / NEWS MEDIA ATTENDEES, NOT INCLUDING GUESTS.**