

Society of Broadcast Engineers
RF Safety Course for Broadcast Engineers

Participant Registration Form

Name: _____

Employed by: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

E-mail address: _____

Course Date: **July 25, 2007** **August 2, 2007**

Course Site where you will participate from: _____

Registration with payment must be made in advance of the course. Payment may be made with VISA, MasterCard or American Express. Your seat will not be reserved without advance payment. Your credit card will not be charged until June 26 when it's been determined how many people will be attending at your site. At that time your credit card will be charged \$75 if there are four or more attending or \$110, if there are three or fewer attending at your site.

Sites with four or more participants - Course Fee: \$75 per participant
Sites with three or fewer participants - Course Fee: \$110 per participant.

Payment Method: **VISA** **MasterCard** **American Express** **Check**

Credit Card Number: _____

Expiration Date: _____ Security Code^: _____

Print Cardholder Name: _____

Day-time telephone number of card holder: _____

Signature: _____

^ Last 3 digits in signature strip on back of card (AMEX, 4 non-raised digits on front)

E-mail your registration to: RFSafetyCourse@sbe.org or

Fax your registration to the SBE National Office: (317) 846-9120 or

Mail your registration to: **Society of Broadcast Engineers**
9102 N. Meridian Street, Suite 150
Indianapolis, IN 46260

Cancellation Policy

Participant cancellations will be accepted up to ten business days prior to the course and will receive a full refund, minus a \$15 cancellation fee. Cancellations received less than 10 business days prior to the course will not be eligible for a refund. The SBE reserves the right to cancel or reschedule a course due to insufficient participant registration.

Office use: Number of participants at site: _____ Amount charged credit card: \$ _____