

Registration



SCTE • ISBE

Company Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Event Date: _____

Early Registration

SCTE Members \$20.00 ea. = \$ _____
Non SCTE Members \$25.00 ea. = \$ _____

Day of Event Registration

SCTE Members \$25.00 ea. = \$ _____
Non SCTE Members \$32.00 ea. = \$ _____

Persons Attending Seminar **Total = \$** _____

1> _____

FAX Credit Card registration to:

2> _____

FAX: (412) 492-8513

ATTN: Dave Colletts

3> _____

Mail check and registration to:

4> _____

Penn-Ohio SCTE

PO Box 52

Allison Park, PA, PA 15101

5> _____

*Due to the nature of the event there will be no refunds issued if you fail to make the event.
Contributions or gifts to the Society of Cable Telecommunications Engineers, Inc. are not deductible as charitable contributions for federal income tax purposes.



Credit Card Billing Authorization Form

Credit Card Billing Information

Cardholder Name (as appears on card):

Contact (if different from card holder):

Company Name:

Credit Card Type: Visa Master Card American Express

Credit Card Account Number: Expiration Date:
CSC Code:

Billing Address:

City: State/Province: Zip/Postal Code: Country:

Email Address: Phone No: Fax No:

Please select from the following payment options

Chapter Event

Vendor Show Chapter Penn-Ohio Chapter
 Golf Tournament Contact _____
 Meeting Fees Email _____
 Other, specify: _____ Phone No. _____
Amount \$ _____

SCTE Event

Cable-Tec Expo SCTE Individual Membership
 3% Merchant Processing Fee SCTE Expo Partner Membership
 Canadian Summit
 Vendor Support
 Other, specify: _____

Invoice No. _____

Amount \$ _____

SCTE Membership

Bill in 1 Annual Payment
 Bill in 4 Quarterly Payments
 Organization No. _____

Amount \$ _____

Standards Membership

Bill in 1 Annual Payment
 Bill in 4 Quarterly Payments
 Organization No. _____

Amount \$ _____

Total Amount Authorized for Payment \$ _____

Authorization Agreement Disclosure:

Individual agrees that all the information provided is accurate and complete. Individual also acknowledges that all open invoices owed to SCTE, Inc. may require a secondary form of payment if this credit card transaction is declined by the authorized issuing bank or charge backs are claimed against this transaction.

Cardholder Signature: _____ Date: _____