

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.



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:	

Chapter Event

Amount \$

SCTE Event

- ☐ Cable-Tec Expo
☐ 3% Merchant Processing Fee
☐ Canadian Summit
☐ Vendor Support
☐ Other, specify:

Invoice No. _____

Amount \$

SCTE Membership

- ☐ SCTE Individual Membership
- ☐ SCTE Expo Partner Membership

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:** _____