

**America's Public Television Stations**  
  
**2025 Public Media SUMMIT**  
**February 24 - 26, 2025**

**REGISTRATION - MEMBER & NATIONAL PUBLIC BROADCASTING ORGANIZATIONS**  
**THE 2025 PUBLIC MEDIA SUMMIT/ANNUAL MEMBERSHIP MEETING**  
**February 24 - February 26, 2025 Washington, D.C.**

Please type or print clearly.

**Registrant Information**

Name: \_\_\_\_\_  
(Print name as it should appear on badge)

Title: \_\_\_\_\_

Organization (station): \_\_\_\_\_

Organization (community (lay) leader): \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

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

If you have any special needs or accommodations please provide further details below: \_\_\_\_\_

	<u>Thru 11/30</u>	<u>Thru 1/31</u>	<u>After 1/31</u>
APTS Member Station Staff, Associate Member, National Organization	<input type="checkbox"/> \$565	<input type="checkbox"/> \$635	<input type="checkbox"/> \$725
APTS Member Station Board (non-station staff)/Community (Lay) Leader	<input type="checkbox"/> \$385	<input type="checkbox"/> \$435	<input type="checkbox"/> \$535

**Registrant Role/Affiliation**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> GM/SM/CEO             | <input type="checkbox"/> National Organization  | <input type="checkbox"/> Other Station Staff |
| <input type="checkbox"/> APTS Associate Member | <input type="checkbox"/> Community (Lay) Leader | <input type="checkbox"/> Other               |

**Registrant Events**

The following events are included with your registration, subject to change. Place a check next to each event you plan to attend.

- |   |   |
|---|---|
| <input type="checkbox"/> Monday, February 24, Lunch     | <input type="checkbox"/> Tuesday, February 25, Lunch                    |
| <input type="checkbox"/> Monday, February 24, Reception | <input type="checkbox"/> Wednesday, February 26, Capitol Hill Breakfast |
| <input type="checkbox"/> Monday, February 24, Dinner    |   |

**Payment Information**

Registration Fee Amount Due: \$ \_\_\_\_\_

Method of Payment:     AMEX             MasterCard             Visa

Name on Card: \_\_\_\_\_

Credit Card No.: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ (mm/yyyy)            CCV: \_\_\_\_\_

Signature of Cardholder: \_\_\_\_\_

**Cancellation/Refund Policy**

All registration cancellations and requests for refunds must be submitted in writing to Julia Horville, [jhorville@apts.org](mailto:jhorville@apts.org), by February 14, 2025 to be eligible for a full refund minus a \$100 cancellation fee. No refunds will be issued after February 14, 2025.