

ATTENDEE REGISTRATION FORM

The 51st Mid-America Cable Show... "Mid-America Goes Digital"

- **Golf Tournament**...September 23, 2008...Prairie Highlands Golf Course, Olathe, KS
 - **Convention & Trade Show**...September 24 -25, 2008...Overland Park Convention Center, Overland Park, KS
- View detailed Schedule of Events at www.midamericacable.tv

Host Hotel Information:
 Sheraton Overland Park Hotel
 6100 College Blvd.
 Overland Park, KS 66211
 Room rate — \$139.00
 (Cut-off date for this rate 09/01/08)
 For reservations call (913) 234-2100

Exhibition Hall:
 Overland Park Convention Center
 6000 College Blvd.
 Overland Park, KS 66211
 (913) 451-7400

The Mid-America Cable Show:
 P.O. Box 2138
 Jefferson City, MO 65102-2138
 (573) 635-5588 Office (573) 635-5510 Fax
 (877) 837-4011 Toll-Free
 info@midamericacable.tv
www.midamericacable.tv

2008 Attendee Registration Fees

<u>Cable Operator Full Registration:</u> (Includes all meals, Awards Dinner & Benefit Gala)	\$295/\$395*	\$ _____
<u>Benefit Gala Luncheon</u> (<i>Pathfinders' Reception</i>) (This event will include a live and silent auction to benefit the Weary Scholarship Fund) <i>Everyone Invited!</i>	\$100	\$ _____
<u>Golf Tournament</u>	\$175/\$195*	\$ _____
<u>Spa Day</u>	\$150	\$ _____
TOTAL DUE		\$ _____

**Registrations received after 09/01/08*

Please make check payable to: The Mid-America Cable Show (Federal Tax ID #48-1040089) **No refunds issued after 08/15/2008**

Check _____ American Express _____ MasterCard _____ VISA _____ Discover _____

Card Number: _____ Exp. Date: _____ CVV2#: (on back) _____

Name on Card: _____ Billing Address: _____

City: _____ State: _____ Zip: _____ Amount: \$ _____

Cable Operator Name (as it will appear on name badge): _____

Attending Benefit Gala? Yes No

Company Name: _____ Title: _____

Address: _____

City/State/Zip: _____

Telephone: _____ Cell #: _____

Fax: _____ Email: _____

Cable Operator Name (as it will appear on name badge): _____

Attending Benefit Gala? Yes No

Company Name: _____ Title: _____

Address: _____

City/State/Zip: _____

Telephone: _____ Cell #: _____

Fax: _____ Email: _____

Cable Operator Name (as it will appear on name badge): _____

Attending Benefit Gala? Yes No

Company Name: _____ Title: _____

Address: _____

City/State/Zip: _____

Telephone: _____ Cell #: _____

Fax: _____ Email: _____

The Mid-America Golf Tournament

* Please list persons with whom you wish to be paired. We will do our best to accommodate your request, however, we reserve the right to group teams that best benefit exhibitors who have contributed to and/or sponsored show events.

1st Golfer Name: _____ Title: _____

Company Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____ Fax: _____ Email: _____ Cell# _____

1st Golfer Pairing Preferences:

Name: _____ Company Name: _____

Name: _____ Company Name: _____

Name: _____ Company Name: _____

2nd Golfer Name: _____ Title: _____

Company Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____ Fax: _____ Email: _____ Cell # _____

2nd Golfer Pairing Preferences:

Name: _____ Company Name: _____

Name: _____ Company Name: _____

Name: _____ Company Name: _____

3rd Golfer Name: _____ Title: _____

Company Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____ Fax: _____ Email: _____ Cell # _____

3rd Golfer Pairing Preferences:

Name: _____ Company Name: _____

Name: _____ Company Name: _____

Name: _____ Company Name: _____

4th Golfer Name: _____ Title: _____

Company Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____ Fax: _____ Email: _____ Cell # _____

4th Golfer Pairing Preferences:

Name: _____ Company Name: _____

Name: _____ Company Name: _____

Name: _____ Company Name: _____