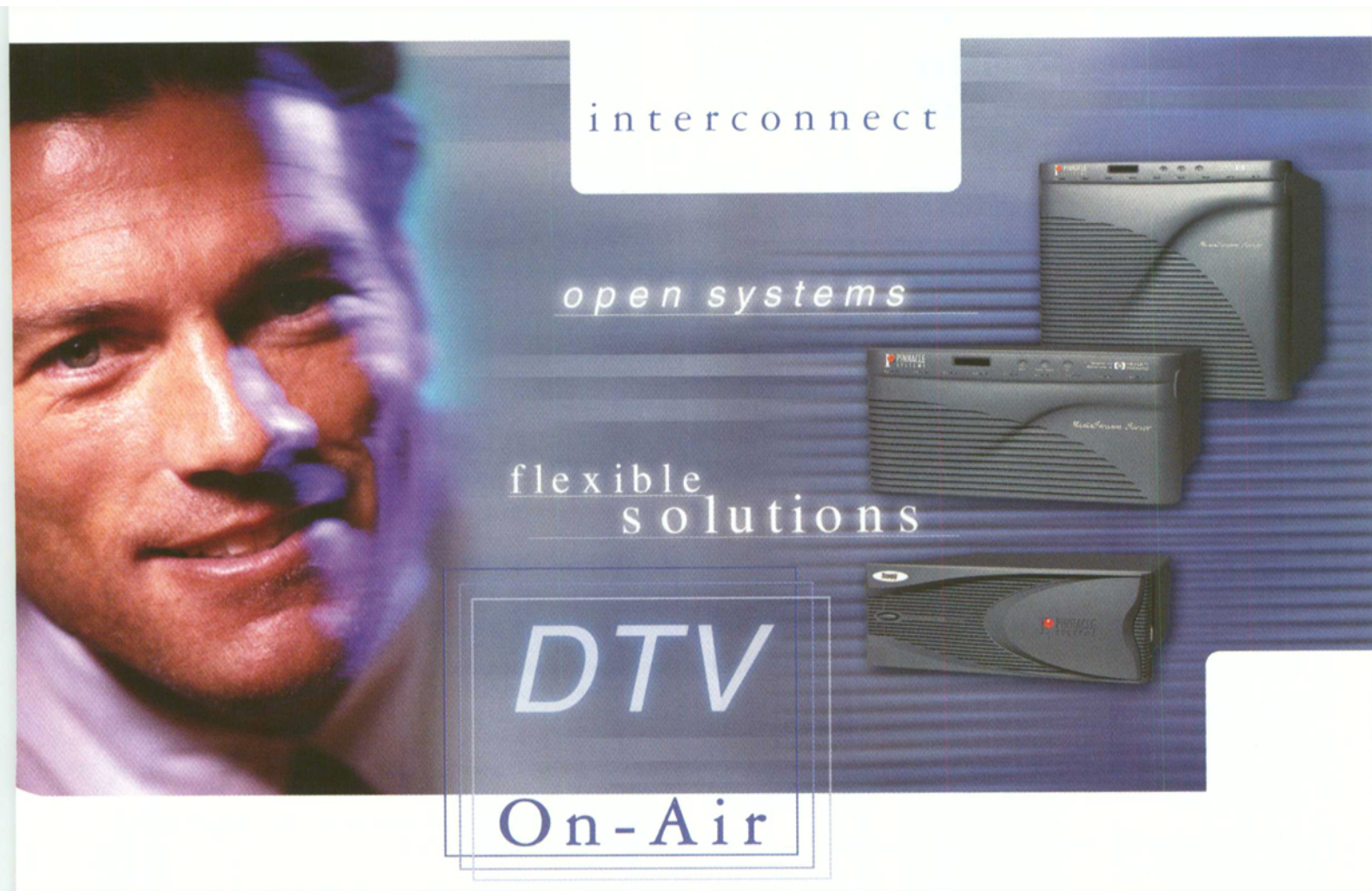


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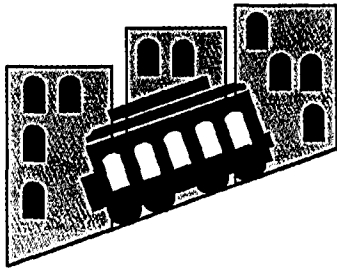
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# SMPTE 34th Annual Advanced Motion Imaging Conference

## “Bandwidth, Bitrate, and Resolution”

February 3-5, 2000 • Fairmont Hotel • San Francisco, CA  
950 Mason Street  
San Francisco, CA 94108

### Conference Registration Form

#### Registration Selection:

Please mark the package and tickets desired.

	Early Bird:	
	On or before 1/26/99	After 1/26/99
Full Conference: Member	\$400 <input type="checkbox"/>	\$500 <input type="checkbox"/>
Full Conference: Nonmember	\$600 <input type="checkbox"/>	\$700 <input type="checkbox"/>
Life Member/Life Fellow	\$ 50 <input type="checkbox"/>	
Sessions Only: Member	\$250 <input type="checkbox"/>	\$300 <input type="checkbox"/>
Sessions Only: Nonmember	\$350 <input type="checkbox"/>	\$400 <input type="checkbox"/>
Seminar Only: Member	\$200 <input type="checkbox"/>	\$300 <input type="checkbox"/>
Seminar Only: Nonmember	\$400 <input type="checkbox"/>	\$500 <input type="checkbox"/>
Student Member	\$ 50 <input type="checkbox"/>	
Student Nonmember	\$ 75 <input type="checkbox"/>	
Speaker	\$250 <input type="checkbox"/>	

#### Extra Tickets:

Welcome Reception	\$ 40 <input type="checkbox"/>	SMPTE Member?
Get-Together Luncheon	\$ 50 <input type="checkbox"/>	Yes _____ No _____
Partners Program	\$150 <input type="checkbox"/>	

Membership Number: \_\_\_\_\_

Partners Name: \_\_\_\_\_

#### Attention Non-Members!

Avoid paying \$200 more than members by joining SMPTE now at \$95 annually, and receive the SMPTE Journal, monthly. Check the “New Member” option below and add \$95 to the “Full Conference Member” rate.

Please check one and complete a membership application:

- New Membership \$95  
 Renewal \$95  
 New Student Membership \$25

Total Amount Due (U.S. Dollars) \$

Special Needs: Please check here if you have a disability and may require special accommodation. We will contact you.

#### Payment Method (U.S. Dollars)

- Check (payable to SMPTE)  MC  Visa  AmEx

Card # \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Print name as it appears on Card: \_\_\_\_\_

Signature: \_\_\_\_\_

Credit Card Billing address Zip Code: \_\_\_\_\_

Name: \_\_\_\_\_  
*of attendee*

Name: \_\_\_\_\_  
*as you want it to appear on badge*

Name: \_\_\_\_\_  
*of person completing this form if not the attendee*

Company: \_\_\_\_\_

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

Address: (company or home) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

#### Registration Packages

- **Full Conference Registration:** Includes all sessions, Thursday seminar, tickets for the Welcome Reception and Get-Together Luncheon.
- **Sessions Only:** Includes all sessions, tickets for the Welcome Reception and the Get-Together Luncheon.
- **Seminar Only:** Includes admission to the Thursday Seminar including lunch.
- **Life Members & Life Fellows:** Includes all sessions and the Thursday seminar. Tickets to the Welcome Reception and Get-Together Luncheon are extra.
- **Students:** Includes all sessions, Thursday seminar and tickets for the Welcome Reception and Get-Together Luncheon.
- **Speakers:** Includes all sessions, Thursday seminar, tickets for the Welcome Reception and Get-Together Luncheon.

#### Changes & Cancellations

- Cancellations must be requested in writing and sent to SMPTE via mail or fax.
- A \$50 administrative fee will be incurred on all cancellations.
- No REFUNDS or CANCELLATIONS will be accepted if postmarked after January 21, 2000

#### Return Completed Form to SMPTE:

Via fax: (914) 761-3115



or via mail to: 595 West Hartsdale Ave.  
White Plains, NY 10607

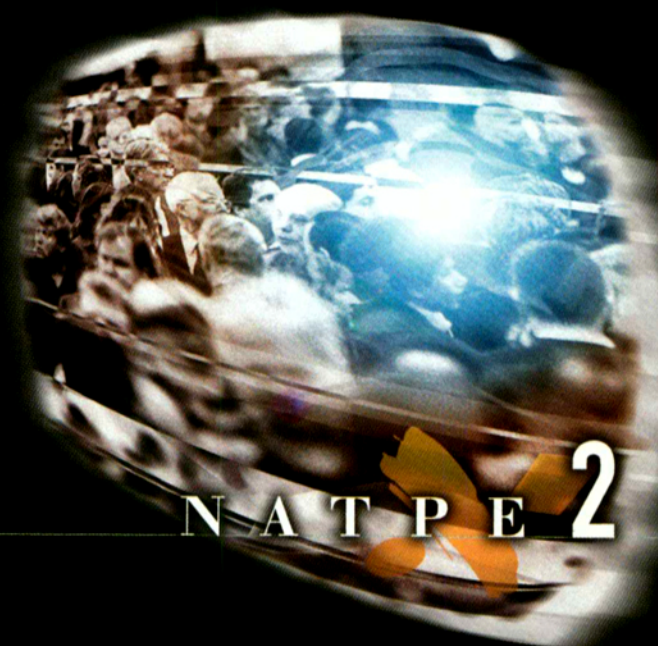
To register on the web and for the most updated conference information, visit our web site at [www.smpte.org](http://www.smpte.org).

No Registrations will be accepted at headquarters after January 21, 2000.  
All registrations after that date must be purchased on site.

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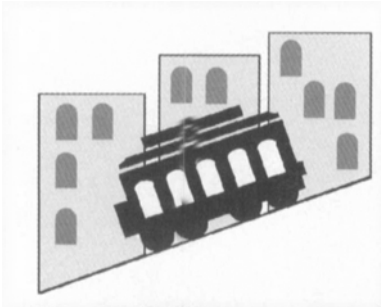
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# SMPTE 34th Annual Advanced Motion Imaging Conference "Bandwidth, Bitrate, and Resolution"

February 3-5, 2000 • The Fairmont Hotel • San Francisco, CA

## Hotel Reservation Form

To make your hotel reservation for the 34th SMPTE Advanced Motion Imaging Conference, you must return this completed form to the Fairmont Hotel via mail or fax, or you may call the hotel directly at 1-800-527-4127. If you are calling the hotel directly, please make sure that you mention SMPTE to assure you receive the SMPTE special rate.

ALL reservations MUST be received by Friday, December 31, 1999.  
(Please print or type)

The Fairmont Hotel  
950 Mason Street  
San Francisco, CA 94108  
fax: 415-772-5013  
phone: 415-772-5000

Name: \_\_\_\_\_

Company: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

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

(All reservations will be accepted on a first come, first served basis.)

### Room Types and Rates

(Please check your desired room type)

Main Building Standard	<input type="checkbox"/> Single \$200.00	<input type="checkbox"/> Double \$220.00
Main Building Deluxe	<input type="checkbox"/> Single \$225.00	<input type="checkbox"/> Double \$245.00
Tower Skyline View	<input type="checkbox"/> Single \$245.00	<input type="checkbox"/> Double \$265.00
Tower Bay View	<input type="checkbox"/> Single \$295.00	<input type="checkbox"/> Double \$315.00
	<input type="checkbox"/> Smoking	<input type="checkbox"/> Non Smoking

Additional persons: \$30 per room per night. Maximum 3 persons in a room.  
Arrival Time: 3:00 p.m. Departure Time: 1:00 p.m.

Arrival Date: \_\_\_\_\_

Departure Date: \_\_\_\_\_

Special Accommodations Requests: \_\_\_\_\_

The hotel will try to meet all requests, but there is no guarantee.

### Payment Information

(Please check payment type)

\* All reservations not guaranteed by a credit card or a one-night deposit are subject to cancellation.

Check (made payable to the Fairmont Hotel)

- |   |                                      |
|---|--------------------------------------|
| <input type="checkbox"/> Visa             | <input type="checkbox"/> Mastercard  |
| <input type="checkbox"/> American Express | <input type="checkbox"/> Diners Club |
| <input type="checkbox"/> Discover         | <input type="checkbox"/> Carte Blanc |

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_ / \_\_\_\_

Print name as it appears on the card: \_\_\_\_\_

Signature: \_\_\_\_\_

The San Francisco Fairmont Hotel requires that all reservations be accompanied by one night's deposit.



**ALL RESERVATIONS AND DEPOSITS MUST BE RECEIVED BY FRIDAY, JANUARY 7, 2000**

Reservations received after this date will be accepted on a space and rate availability only.

If the rate requested is not available, the next available rate will be confirmed.