

ADVANCE REGISTRATION

THE 132nd. SMPTE TECHNICAL CONFERENCE AND EQUIPMENT EXHIBIT
 October 13 through 17, 1990 — Jacob K. Javits Convention Center of New York
DEADLINE — SEPTEMBER 14, 1990

(Please print or type)

NAME _____
(first) (last) (m.i.)
 TITLE _____ Tel: (____) _____
 COMPANY NAME _____ FAX: (____) _____

BUSINESS ADDRESS _____

CITY _____ STATE _____ ZIP _____

MEMBERSHIP GRADE IF MEMBER _____

Complete next two lines if spouse is registering for spouses program

SPOUSE'S NAME _____
(first) (last) (m.i.)

SPOUSE'S HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____

I am a Member of (check all that apply):

BKSTS FKTG SPSE SBE AES

REGISTRATION FEES Please check all that are applicable:

| WEEKLY REGISTRATION | ADVANCE | ON-SITE |
|--|----------|----------|
| <input type="checkbox"/> 1. Member* | \$185.00 | \$225.00 |
| <input type="checkbox"/> 2. Nonmember* | 225.00 | 265.00 |
| <input type="checkbox"/> 3. Student Nonmember | 10.00 | 15.00 |
| <input type="checkbox"/> 4. Life Member* | FREE | FREE |
| <input type="checkbox"/> 5. Life Fellow* | FREE | FREE |
| <input type="checkbox"/> 6. Student Member | FREE | FREE |
| <input type="checkbox"/> 7. Press | FREE | FREE |
| <input type="checkbox"/> 8. Author (day of paper only) | FREE | FREE |
| <input type="checkbox"/> 9. Spouse* | 85.00 | 95.00 |

| DAILY REGISTRATION | ADVANCE | ON-SITE |
|--|---------|---------|
| <input type="checkbox"/> Member Daily | 45.00 | 45.00 |
| <input type="checkbox"/> Nonmember Daily | 55.00 | 55.00 |

| EXHIBIT ONLY REGISTRATION | ADVANCE | ON-SITE |
|---------------------------------|---------|---------|
| <input type="checkbox"/> 4 Days | 40.00 | 60.00 |
| <input type="checkbox"/> 1 Day | 15.00 | 15.00 |

INFORMATION

- * Includes Honors & Awards luncheon.
- Fellows luncheon Not included with any registration.
- Weekly nonmember registrants may present this receipt at SMPTE membership desk for \$20.00 credit towards membership.
- Members of BKSTS, FKTG, SBE and AES may register at the member rate.
- No one under 12 years of age will be admitted on the show floor, 12-15 must be badged and accompanied by an adult.

| FOOD FUNCTIONS | ADVANCE | ON-SITE |
|--|----------|----------|
| <input type="checkbox"/> H&A luncheon (if separate: qty. _____) | \$ 30.00 | \$ 35.00 |
| <input type="checkbox"/> Fellows luncheon (Fellows only) | 35.00 | 40.00 |
| <input type="checkbox"/> Banquet (qty. _____) | 70.00 | 80.00 |
| <input type="checkbox"/> Full Banquet Table | 700.00 | 800.00 |
| TOTAL \$ _____ | | |

Method of payment (check one):

Cash Check AMEX VISA MASTERCARD

Credit Card No. _____ Exp. Date: _____

Please make checks payable in U.S. currency and mail the completed form to.

SMPTE Registration

595 West Hartsdale Avenue White Plains, NY 10607

914-761-1100

HOUSING REQUEST FORM

THE 132nd SMPTE TECHNICAL CONFERENCE AND EQUIPMENT EXHIBIT
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To receive the special convention rates, attendees must make their housing requests on the official SMPTE form. The request form must be received by the SMPTE Housing Bureau no later than **SEPTEMBER 14, 1990**. The block of rooms that have been set aside for the SMPTE will be reserved subject to approval and availability. Confirmation will be sent by the hotel.

(print or type)
 Company Name: _____

Street Address: _____

City _____ State _____ Zip _____

Telephone: (____) _____ FAX: (____) _____
area code area code

| OFFICIAL HOTELS | Single | Double | Suites |
|----------------------------|----------|----------|---------------|
| The Marriott Marquis | \$170.00 | \$185.00 | \$425.-1,500. |
| The New York Hilton | 165.00 | 185.00 | 460.- 560. |
| The New York Hilton Towers | 225.00 | 250.00 | |
| The Sheraton Centre | 158.00 | 172.00 | 400.-1,000. |
| Milford Plaza | 85.00 | 95.00 | |

8.5% sales tax, 10% city tax plus \$2.00 per room per night will be applied to the hotel prices.

(Please bracket the names of those sharing accommodations)

| NAME OF GUEST | ARRIVAL DATE | ARRIVAL TIME | DEPARTURE DATE |
|---------------|--------------|---------------|----------------|
| _____ | ___/___ | ___ am ___ pm | ___/___ |
| _____ | ___/___ | ___ am ___ pm | ___/___ |
| _____ | ___/___ | ___ am ___ pm | ___/___ |
| _____ | ___/___ | ___ am ___ pm | ___/___ |

Reservations are held only until a specified time on day of arrival unless guaranteed, by a major credit card.

Check one: AMEX; MASTERCARD; VISA

Credit Card No.: _____ Exp. Date: _____

Person making request: _____
(first) (last) (m.i.)

Signature required if paying by credit card.

Signature: _____ Title _____

Mail this form to: SMPTE Housing, 2 Columbus Circle, 6th. Floor, New York, NY 10019

SORRY NO TELEPHONE RESERVATIONS CAN BE ACCEPTED. DEADLINE SEPTEMBER 14, 1990