SMPTE09 MEMBERSHIP REGISTRATION FORM

DISCOUNT OFFER

Join SMPTE when you register for the SMPTE09 Conference, and save!
Return this form with your conference registration to receive discounted entry.
NOTE: Information captured on this form will be forwarded to the SMPTE Membership Department in White Plains, USA for processing.

I wish to join SMPTE as a new:

❑ Active Member
❑ Student Member

SMPTE Job Classification

Please tick one category in each column that best describes what you do.

Job Function

01 ❑ Management
02 ❑ Engineering/Technical
03 ❑ Production
04 ❑ Post Production
05 ❑ Consultant
06 ❑ Sales/Marketing
07 ❑ Education
08 ❑ Other: (please specify)

Business Category

09 ❑ TV Station/network
10 ❑ Non-broadcast TV (cable, industrial, etc.)
11 ❑ Production Facility
12 ❑ Post Production Facility
13 ❑ Manufacturer, Dealer, Distributor, Rental House
14 ❑ Educational Institution, Government, Research Facility
15 ❑ Satellites, Telecommunications
16 ❑ Computers, Multimedia
17 ❑ Other: (please specify)

TAX INVOICE

Personal Information:

Title: ❑ Mr ❑ Mrs ❑ Ms ❑ Miss ❑ Dr ❑ Prof ❑ Other:_____

Given names:

Surname:

Address:

Suburb:

State: Postcode:

Country:

Email:

Telephone: Facsimile:

Company:

Position:

Address:

Suburb:

State: Postcode:

Country:

Email:

Telephone: Facsimile:

Please send my SMPTE Journal to my ❑ Home ❑ Office

Please send the annual invoice to my ❑ Home ❑ Office

❑ Do not sell my name/address

What is your primary reason for joining SMPTE?_____

Student Members

Note: Student members must transfer to Active Membership upon graduation. Maximum number of years as a student is six.

Name of School: Expected Graduation Date: /

Name of Faculty Adviser:

Faculty Adviser Tel No:

❑ **I have paid for SMPTE membership and discounted SMPTE09 Conference registration on a separate form. I hereby make application for SMPTE Membership and agree to be governed by the Society's Constitution and Bylaws.**

Signature:_____ Date: /

Please return with Conference Registration to:

SMPTE Conference Co-ordinator
Expertise Events • PO Box 6053 FRENCHS FOREST NSW 2086 AUSTRALIA
A.B.N. 43 003 932 492 • Telephone: +61 2 9452 7575 • Fax: +61 2 9975 3707 • Email: smpteconference@expertiseevents.com.au