



**2nd Americas Display Engineering and Applications Conference (ADEAC 2005)
 October 24-27, 2005, Doubletree Lloyd Center Hotel, Portland, OR
 Exhibit Booth Personnel/Guest Registration**

PART I. NAME AND ADDRESS

This address will be used to mail confirmations and all other SID related material. Please check if this is your: Home Business address.

First Name _____ Last (Family) Name _____ Job Title _____
 Company _____
 Address _____
 City _____ State _____ Zip _____ Country _____
 Phone _____ Fax _____ E-mail _____

ADEAC will provide your email to exhibitors both before and after the conference. If you do NOT wish ADEAC to provide your email, please check here

PART II. PROFESSIONAL INFORMATION

→ Yes, I wish to receive/continue to receive *Information Display Magazine*. No
 Your signature is required to validate this audit information Signature _____ Date _____

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|---|--|---|--|
| <p>1. Are you professionally involved with information displays, display manufacturing equipment/materials, or display applications?
 <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. What is your principal job function? (check one)
 10) <input type="checkbox"/> General/Corporate/Financial
 11) <input type="checkbox"/> Design, Development Engineering
 12) <input type="checkbox"/> Engineering Systems (Evaluation, OC, Stds.)
 13) <input type="checkbox"/> Basic Research
 14) <input type="checkbox"/> Manufacturing/Production
 15) <input type="checkbox"/> Purchasing/Procurement
 16) <input type="checkbox"/> Marketing/Sales
 17) <input type="checkbox"/> Advertising/Public Relations
 18) <input type="checkbox"/> Consulting
 19) <input type="checkbox"/> College or University Education
 20) <input type="checkbox"/> Other _____</p> <p>3. What is your organization's primary end product or service? (check one)
 10) <input type="checkbox"/> Cathode-ray Tubes
 11) <input type="checkbox"/> Electroluminescent Displays
 12) <input type="checkbox"/> Field-emission Displays</p> | <p>23) <input type="checkbox"/> Liquid-crystal Displays and Modules
 14) <input type="checkbox"/> Plasma Display Panels
 15) <input type="checkbox"/> Displays (Other)
 16) <input type="checkbox"/> Display Components, Hardware, Subassemblies
 17) <input type="checkbox"/> Display Manufacturing Equipment, Materials, Services
 18) <input type="checkbox"/> Printing/Reproduction/Facsimile Equipment
 19) <input type="checkbox"/> Color Services/Systems
 20) <input type="checkbox"/> Communications Systems/Equipment
 21) <input type="checkbox"/> Computer Monitors/Peripherals
 22) <input type="checkbox"/> Computers
 23) <input type="checkbox"/> Consulting Services, Technical
 24) <input type="checkbox"/> Consulting Services, Management/Marketing
 25) <input type="checkbox"/> Education
 26) <input type="checkbox"/> Industrial Controls, Systems, Equipment, Robotics
 27) <input type="checkbox"/> Medical Imaging/Electronic Equipment
 28) <input type="checkbox"/> Military/Air, Space, Ground Support/Avionics
 29) <input type="checkbox"/> Navigation & Guidance Equipment/Systems</p> | <p>30) <input type="checkbox"/> Oceanography & Support Equipment
 31) <input type="checkbox"/> Office & Business Machines
 32) <input type="checkbox"/> Television Systems/Broadcast Equipment
 33) <input type="checkbox"/> Television Receivers, Consumer Electronics, Appliances
 34) <input type="checkbox"/> Test Measurement & Instrumentation Equipment
 35) <input type="checkbox"/> Transportation, Commercial Signage
 36) <input type="checkbox"/> Other _____</p> <p>4. What is your purchasing influence?
 10) <input type="checkbox"/> I make the final decision
 11) <input type="checkbox"/> I strongly influence the final decision
 12) <input type="checkbox"/> I specify products/services that we need
 13) <input type="checkbox"/> I do not make purchasing decisions</p> <p>5. What is your highest degree?
 10) <input type="checkbox"/> A.A., A.S., or equivalent
 11) <input type="checkbox"/> B.A., B.S., or equivalent
 12) <input type="checkbox"/> M.A., M.S., or equivalent
 13) <input type="checkbox"/> Ph.D. or equivalent</p> <p>6. What is the subject area of your highest degree?
 10) <input type="checkbox"/> Electrical/Electronics Engineering
 11) <input type="checkbox"/> Engineering, other</p> | <p>12) <input type="checkbox"/> Computer/Information Science
 13) <input type="checkbox"/> Chemistry
 14) <input type="checkbox"/> Materials Science
 15) <input type="checkbox"/> Physics
 16) <input type="checkbox"/> Management/Marketing
 17) <input type="checkbox"/> Other _____</p> <p>7. Please check the publications that you receive personally addressed to you by mail. (Check all that apply)
 10) <input type="checkbox"/> EE Times
 11) <input type="checkbox"/> Electronic Design News
 12) <input type="checkbox"/> Solid State Technology
 13) <input type="checkbox"/> Laser Focus World
 14) <input type="checkbox"/> IEEE Spectrum</p> <p>8. Who else at this location should be receiving a FREE subscription to Information Display Magazine?
 Name _____
 Title _____
 Name _____
 Title _____</p> |
|---|--|---|--|

PART III. HOST COMPANY

- I am with an exhibiting company
 I am a guest of:

TWO WAYS TO REGISTER

BY MAIL:

Send completed form to:
 SID ADEAC
 411 Lafayette Street, Suite 201
 New York, NY 10003

BY FAX:

Fax completed form to:
 (212) 460-5460

Written confirmation will be mailed to all registrants whose form is received on or before 23 September 2005. This form may be reproduced.