



**EuroDisplay 2005**  
**19-22 September 2005, Edinburgh International Conference Center,**  
**Edinburgh, Scotland**  
**Exhibit Booth Personnel/Guest Registration**

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

**PART I. NAME AND ADDRESS**

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

**EuroDisplay will provide your email to exhibitors both before and after the conference.**  
**If you do NOT wish EuroDisplay 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><b>1. Are you professionally involved with information displays, display manufacturing equipment/materials, or display applications?</b><br/> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>2. What is your principal job function? (check one)</b><br/> <input type="checkbox"/> General/Corporate/Financial<br/> <input type="checkbox"/> Design, Development Engineering<br/> <input type="checkbox"/> Engineering Systems (Evaluation, OC, Stds.)<br/> <input type="checkbox"/> Basic Research<br/> <input type="checkbox"/> Manufacturing/Production<br/> <input type="checkbox"/> Purchasing/Procurement<br/> <input type="checkbox"/> Marketing/Sales<br/> <input type="checkbox"/> Advertising/Public Relations<br/> <input type="checkbox"/> Consulting<br/> <input type="checkbox"/> College or University Education<br/> <input type="checkbox"/> Other _____</p> <p><b>3. What is your organization's primary end product or service? (check one)</b><br/> <input type="checkbox"/> Cathode-ray Tubes<br/> <input type="checkbox"/> Electroluminescent Displays<br/> <input type="checkbox"/> Field-emission Displays</p> | <p><input type="checkbox"/> Liquid-crystal Displays and Modules<br/> <input type="checkbox"/> Plasma Display Panels<br/> <input type="checkbox"/> Displays (Other)<br/> <input type="checkbox"/> Display Components, Hardware, Subassemblies<br/> <input type="checkbox"/> Display Manufacturing Equipment, Materials, Services<br/> <input type="checkbox"/> Printing/Reproduction/Facsimile Equipment<br/> <input type="checkbox"/> Color Services/Systems<br/> <input type="checkbox"/> Communications Systems/Equipment<br/> <input type="checkbox"/> Computer Monitors/Peripherals<br/> <input type="checkbox"/> Computers<br/> <input type="checkbox"/> Consulting Services, Technical<br/> <input type="checkbox"/> Consulting Services, Management/Marketing<br/> <input type="checkbox"/> Education<br/> <input type="checkbox"/> Industrial Controls, Systems, Equipment, Robotics<br/> <input type="checkbox"/> Medical Imaging/Electronic Equipment<br/> <input type="checkbox"/> Military/Air, Space, Ground Support/Avionics<br/> <input type="checkbox"/> Navigation &amp; Guidance Equipment/Systems</p> | <p><input type="checkbox"/> Oceanography &amp; Support Equipment<br/> <input type="checkbox"/> Office &amp; Business Machines<br/> <input type="checkbox"/> Television Systems/Broadcast Equipment<br/> <input type="checkbox"/> Television Receivers, Consumer Electronics, Appliances<br/> <input type="checkbox"/> Test Measurement &amp; Instrumentation Equipment<br/> <input type="checkbox"/> Transportation, Commercial Signage<br/> <input type="checkbox"/> Other _____</p> <p><b>4. What is your purchasing influence?</b><br/> <input type="checkbox"/> I make the final decision<br/> <input type="checkbox"/> I strongly influence the final decision<br/> <input type="checkbox"/> I specify products/services that we need<br/> <input type="checkbox"/> I do not make purchasing decisions</p> <p><b>5. What is your highest degree?</b><br/> <input type="checkbox"/> A.A., A.S., or equivalent<br/> <input type="checkbox"/> B.A., B.S., or equivalent<br/> <input type="checkbox"/> M.A., M.S., or equivalent<br/> <input type="checkbox"/> Ph.D. or equivalent</p> <p><b>6. What is the subject area of your highest degree?</b><br/> <input type="checkbox"/> Electrical/Electronics Engineering<br/> <input type="checkbox"/> Engineering, other</p> | <p><input type="checkbox"/> Computer/Information Science<br/> <input type="checkbox"/> Chemistry<br/> <input type="checkbox"/> Materials Science<br/> <input type="checkbox"/> Physics<br/> <input type="checkbox"/> Management/Marketing<br/> <input type="checkbox"/> Other _____</p> <p><b>7. Please check the publications that you receive personally addressed to you by mail. (Check all that apply)</b><br/> <input type="checkbox"/> EE Times<br/> <input type="checkbox"/> Electronic Design News<br/> <input type="checkbox"/> Solid State Technology<br/> <input type="checkbox"/> Laser Focus World<br/> <input type="checkbox"/> IEEE Spectrum</p> <p><b>8. Who else at this location should be receiving a FREE subscription to Information Display Magazine?</b><br/>       Name _____<br/>       Title _____<br/>       Name _____<br/>       Title _____</p> |
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**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 EuroDisplay  
 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 2 September 2005.**  
**This form may be reproduced.**