

Registration Form

Please fax completed SoftSummit 2006 conference registration form to 408-567-1800, Attention: SoftSummit Registration.

Conference Pricing	Conference Fee
<input type="checkbox"/> Early Bird June 1st - July 28th, 2006	\$995.00
<input type="checkbox"/> Standard July 29th - October 16th, 2006	\$1295.00
<input type="checkbox"/> Door Price	\$1495.00

REGISTRANT INFORMATION

First Name _____ Last Name _____
 Name as it should appear on your badge _____
 Title _____ Company _____
 Address _____
 City _____ State _____ ZIP _____
 Daytime phone # _____ Fax # _____
 E-mail _____

(Registration confirmation will be emailed to this address)

PAYMENT INFORMATION

Promotional Code _____ Payment Total \$ _____ Method of Payment _____
 Check made payable to Macrovision (Please include registrants name on the check.)
 Mail to: Macrovision, 2830 De la Cruz Blvd., Santa Clara, CA 95050
 Credit Card (please circle one) VISA MASTERCARD
 Name on Credit Card _____ Credit Card # _____ Expiration Date _____
 Billing Address (if different than above) _____
 Signature (required) _____
 Purchase Order # _____ (note: if paying by purchase order, PO number must be received by October 1, 2006)

SURVEY

How did you hear about SoftSummit?
 Sales call _____ web search _____ e-mail _____ SIIA _____ print ad _____ colleague _____ other _____
 Are you a (select one) Software Publisher _____ Enterprise Customer _____ other _____
 What industry is your company in _____

If you have questions regarding your registration, please call 408-969-5405 or email registration@softsummit.com.