



‘SCAN NATOA’ REGISTRATION REQUEST FORM

Please fax (510.420.9010) the completed form to CCTA. Once the registration form has been processed, CCTA will email your confirmation and/or receipt. Thank you.

Last Name	First Name		
Badge Name	Title		
Company Name			
Mailing Address (where registration materials and name badge will be sent)			
City	State	Postal Code	Country
Phone Number	Fax Number	E-mail Address (for registration confirmations ONLY)	

JOB FUNCTION: Please circle below the “Job Function” which most closely describes your company.

1 Owner Officer, Partner	6 General Counsel/Attorney	11 Public Relations/Public Affairs	16 Analyst/Researcher
2 Chief Executive Officer	7 Financial/Accounting	12 Engineering/Technical	17 Editor/Writer/Reporter
3 Chief Operating Officer	8 Operations	13 Human Resources/Personnel	18 Producer/Director
4 Chief Financial Officer	9 Programming	14 Customer Service	
5 Executive Manager/Administrator	10 Marketing	15 MIS/Network Management	

AFFILIATION: Please circle below the “Affiliation” which most closely describes your company.

<i>MSO over 100,000 subscribers</i>	26 Cable Programming Network	36 Telecommunications	46 Government-State
19 Headquarter Staff	27 Film & Program Producer	37 Broadcasting	47 Government-Local
20 Affiliated System	28 Film & Program Distributor	38 Publishing	48 Law Firm
<i>MSO with less than 25,000</i>	29 Film & Program Syndicator	39 Accounting Firm	49 Press
21 Headquarter Staff	30 Hardware Manufacturer/Supplier	40 Advertising Firm	50 Research Firm
22 Affiliated System	31 Construction	41 Brokerage Firm	51 Trade Association
23 Independent System	32 Computer Software Developer	42 Consulting Firm	52 Utility Service
24 25,000 subscribers or more	33 Internet Service Provider	43 Educational Institution	53 Executive Recruitment
25 Less than 25,000 subscribers	34 Telephone Company	44 Financial Institution	54 Consumer Electronics Distributor
	35 Long Distance Provider	45 Government-Federal	55 Consumer Electronics Retailer

REGISTRATION CATEGORY: Please check the appropriate category, which is in effect until Friday, November 14, 2003.

- ☐ Exhibits & Sessions, Wednesday = \$200
- ☐ Exhibits & Sessions, Thursday = \$200
- ☐ Exhibits & Sessions, Friday = \$100

REGISTRATION PAYMENT

☐ Check # _____ ☐ Visa ☐ MasterCard

Credit Card Number

Cardholder Signature Authorizing Us to Charge Your Account
(This form will not be processed without a valid credit card and signature)

☐ American Express ☐ Discover/Novus

Expiration Date

Print Cardholder Name

QUESTIONS

For questions regarding registration, please contact **Dorothea Elumba**, Registration Coordinator, by email (dorothea@calcable.org) or phone (510.428.2225 x115).