



SMPTE Registration Authority, LLC

3 Barker Avenue
White Plains, NY 10601 USA
Tel: +1 914 761 1100
Fax: +1 914 761 3115
email: registrar@smpte.org

Application for a Class 14 Registration

1. Contact information of organization requesting a registration

Organization Name:

URL

Address:

Telephone:

Fax:

E-mail:

2. Authorized representative

Name:

Title:

Address:

Signature _____

Payment

The one-time registration fee is \$2500 U.S. per identifier registered.

I wish to pay by credit card (American Express, MasterCard, Visa);
I'll fax my name, card number and expiration date to SMPTE +1 914 761 3115.

I wish to pay by check;
I'll mail a check (payable in U.S. Bank) to SMPTE, 3 Barker Avenue Avenue, White Plains, NY 10601 USA.

NOTE: Registration is not effective until approval and receipt of payment at SMPTE Headquarters.

This form may also be filled out, printed and then faxed or mailed with payment or credit card information to SMPTE: **+1 914 761 3115**

For official use only of the Registration Authority

Registration rejected: _____

Reason for rejection of the application:

Registration granted: _____ Registration value: _____