

Notice Form

*Please circle the number(s) of which category(ies) you wish to join.

Date:

Category:

- (1) Evaluator / Reseller
- (2) Adopter: Storage Device
- (3) Adopter - Limited: Storage Device
- (4) Adopter: TV Stream Recording
- (5) Adopter - Limited: TV Stream Recording
- (6) Adopter: Audio Stream Recording
- (7) Adopter - Limited: Audio Stream Recording
- (8) Adopter: Prerecorded Content Distribution of TV Stream Recording
- (9) Adopter - Limited: Prerecorded Content Distribution of TV Stream Recording
- (10) Adopter: Prerecorded Content Distribution of Audio Stream Recording
- (11) Adopter - Limited: Prerecorded Content Distribution of Audio Stream Recording

*Please fill in BLOCK Character.

Company:

Contact Person's Name: Mr. / Ms. / ()

Contact Person's Title:

Contact Person's Department/Group:

Contact Person's Mailing Address:

Contact Person's Phone:

Contact Person's Fax:

Contact Person's E-mail:

Company website: English <http://>