

HOW TO REGISTER

Online: www.interop.com/newyork
 By Fax: 415-947-6011
 By Phone: 415-947-6908; Toll Free: 866-535-8991
 By Mail: Interop New York 2009 Registration Department
 600 Harrison Street, 6th floor
 San Francisco, CA 94107

PRIORITY CODE: If you have a priority code, please enter it here.

COMPLETE SECTIONS 1–4. Please print or type your information. To submit multiple registrations, please copy and complete this form for each registration.

1 PERSONAL INFORMATION

FIRST NAME	LAST NAME
JOB TITLE	COMPANY
ADDRESS 1	
ADDRESS 2	
ADDRESS 3	
CITY	STATE/PROVINCE
ZIP/POSTAL CODE	COUNTRY
EMAIL ADDRESS*	
ALTERNATE EMAIL ADDRESS	
TELEPHONE	

* A valid email is required to confirm your Interop registration and to provide event news and updates. Interop will not release your email address to any third party without your permission.

I would like to receive special offers, discounts and information about events, products and services from Interop/TechWeb Events Network exhibitors or partner companies via email.

2 PACKAGE SELECTION

	EARLY BIRD On or before Friday 10/16/09	REGULAR 10/17/09–11/15/09	ON-SITE On or after 11/16/09
<input type="checkbox"/> Flex Pass	\$2,895	\$3,095	\$3,295
<input type="checkbox"/> 4-Day Pass	\$2,495	\$2,695	\$2,895
<input type="checkbox"/> Interop Conference	\$1,895	\$2,095	\$2,295
<input type="checkbox"/> CIO Boot Camp	\$1,590	\$1,790	\$1,990
<input type="checkbox"/> 2 Workshop Days	\$1,590	\$1,790	\$1,990
<input type="checkbox"/> 1 Workshop Day	\$795	\$895	\$995
<input type="checkbox"/> Cloud Summit	\$795	\$895	\$995
<input type="checkbox"/> Virtualization Day	\$795	\$895	\$995
<input type="checkbox"/> Expo Plus	\$150	\$195	\$295
Expo Only (Available On-line Only)	\$50	\$50	\$100

3 PAYMENT METHOD (Prepayment is required)

Payment in U.S. funds, drawn on a U.S. bank, MUST accompany this form for your registration to be processed. For additional registrations, please make a copy of this form (each registration MUST be filled out separately).

Check Number (Made payable to Interop New York 2009): _____ Amount: \$ _____

CREDIT CARD AUTHORIZATION MasterCard Visa American Express

I would like to use my credit card to charge my attendance.

CREDIT CARDHOLDER'S NAME: _____

CARD NUMBER: _____

3 OR 4 DIGIT SECURITY CODE: _____

EXPIRATION DATE: _____

SIGNATURE OF CREDIT CARDHOLDER: _____

REGISTRATION POLICIES: CANCELLATIONS, SUBSTITUTIONS & CHANGES:

You may cancel your Interop New York Conference registration, less a \$250.00 service charge until October 16, 2009. Attendees who register prior to or after the deadline date, who do not cancel in writing by the deadline date are liable for the pass cost and will be charged for the full registration fee. Sorry, no refunds are available for no-shows. If you are unable to attend the event, we recommend that you send a substitution in your place. Please fax your cancellation or substitution request to 415-947-6011 using the "Registration Change Form".

Written requests for a downgraded pass must be received no later than October 16, 2009 for a full refund on the difference of registration fees between the value of the original and downgraded pass. Sorry, requests received after October 16, 2009 cannot be accommodated. Upgrade pass requests must be submitted in writing along with payment information for the difference in value. TechWeb, a division of UBM LLC, reserves the right to rescind any registration and in that event will return 100% of the registration fee. All dates and times of the Interop New York 2009 program are subject to change.

If you have a disability and require special assistance, please call the operations manager at 415-947-6106 by November 2, 2009. Persons under the age of 18 are not permitted at Interop New York, including infants and proof of industry involvement is required. Event is open only to trade participants and is not open to the public. Recording devices and cameras, still or video, are prohibited. Attendee consents to any recording of the event by TechWeb, a division of UBM LLC or its designees.

4 HOTEL ACCOMMODATIONS

For a complete list of available hotels go to www.interop.com/hotel. To submit your request by fax, specify your arrival and departure dates along with any special requirements, below. Please fax to 415-947-6011. Or, email your request to support@interop.com or call 866-535-8991.

HOTEL NAME _____

RATE _____

SINGLE ROOM OR DOUBLE ROOM

ARRIVAL DATE _____ DEPARTURE DATE _____

SPECIAL REQUIREMENTS _____

5 ATTENDEE PROFILE

This section must be completed to process your registration and create your event badge.

Job Function Check only one

- | | | |
|---|--|---|
| <input type="checkbox"/> Corporate Management | <input type="checkbox"/> Architect | <input type="checkbox"/> Telecommunications |
| <input type="checkbox"/> Business Development/Sales/Marketing | <input type="checkbox"/> Systems | <input type="checkbox"/> Call/Contact Management |
| <input type="checkbox"/> Product Management | <input type="checkbox"/> Networking | <input type="checkbox"/> Web Development/Management |
| <input type="checkbox"/> Purchasing | <input type="checkbox"/> Application Development | <input type="checkbox"/> IT Consultant |
| <input type="checkbox"/> Operations/Facilities | <input type="checkbox"/> Management of Systems/Networking/Apps | <input type="checkbox"/> Non-IT Consultant |
| <input type="checkbox"/> Customer Service/Support | <input type="checkbox"/> Compliance | <input type="checkbox"/> Other Job Function |
| <input type="checkbox"/> Financial/Accounting/HR | <input type="checkbox"/> Database | <input type="checkbox"/> Other Job Function
If other, please specify _____ |
| <input type="checkbox"/> IT Management | <input type="checkbox"/> Security/Privacy | |

Job Title Check only one

- | | | |
|--|-----------------------------------|---|
| <input type="checkbox"/> President/CEO/Owner | <input type="checkbox"/> Director | <input type="checkbox"/> Other |
| <input type="checkbox"/> CIO/CTO/CSO/CXO | <input type="checkbox"/> Manager | <input type="checkbox"/> If other, please specify _____ |
| <input type="checkbox"/> Vice President | <input type="checkbox"/> Staff | |

Company Type Check only one

- | | | |
|--|--|---|
| <input type="checkbox"/> General Business | <input type="checkbox"/> Venture Capitalist/Investment Banking | <input type="checkbox"/> Computer Network Consultants |
| <input type="checkbox"/> Finance/Banking/Accounting | <input type="checkbox"/> Manufacturing (non-computer) | <input type="checkbox"/> Other Technology Channel |
| <input type="checkbox"/> Medical/Healthcare/Pharmaceuticals Manufacturer | <input type="checkbox"/> Business/Professional Services (non-computer) | <input type="checkbox"/> If other, please specify _____ |
| <input type="checkbox"/> Retail/Distributor/Wholesaler (non-computer) | <input type="checkbox"/> Consulting | Technology Industry |
| <input type="checkbox"/> Government | <input type="checkbox"/> Other General Business | <input type="checkbox"/> Computer/Networking Manufacturer |
| <input type="checkbox"/> Military | <input type="checkbox"/> If other, please specify _____ | <input type="checkbox"/> Software Publisher/Developer/ISV |
| <input type="checkbox"/> Education | Technology Channel | <input type="checkbox"/> Other Technology Industry |
| <input type="checkbox"/> Web/Internet/Online Business | <input type="checkbox"/> Systems/Network Integrator | <input type="checkbox"/> If other, please specify _____ |
| <input type="checkbox"/> Media/Entertainment/Marketing | <input type="checkbox"/> Computer Retailer/Wholesaler/Distributor | Carrier/Service Provider |
| <input type="checkbox"/> Transportation/Utilities/Energy | <input type="checkbox"/> VAR/VAD | |
| <input type="checkbox"/> Construction/Architecture/Engineering | | |

Company Size Check only one

- | | | |
|---|----------------------------------|-------------------------------|
| <input type="checkbox"/> 50,000 or more | <input type="checkbox"/> 500–999 | <input type="checkbox"/> 1–99 |
| <input type="checkbox"/> 10,000–49,999 | <input type="checkbox"/> 250–499 | |
| <input type="checkbox"/> 1,000–999 | <input type="checkbox"/> 100–249 | |

Purchase Role

Check all that apply

- Authorize
 Specify
 Recommend
 Identify Need
 No Role

Product Interest Check all that apply

- | | |
|--|---|
| <input type="checkbox"/> Cloud Computing | <input type="checkbox"/> SaaS |
| <input type="checkbox"/> Communications Services | <input type="checkbox"/> Security (IT) |
| <input type="checkbox"/> Data Center | <input type="checkbox"/> Security (Physical) |
| <input type="checkbox"/> Enterprise 2.0 | <input type="checkbox"/> Storage |
| <input type="checkbox"/> Enterprise Software | <input type="checkbox"/> Video Conferencing |
| <input type="checkbox"/> Green IT | <input type="checkbox"/> Virtualization |
| <input type="checkbox"/> IT/Network Management | <input type="checkbox"/> VoIP & Unified Communications |
| <input type="checkbox"/> Wireless and Mobility | <input type="checkbox"/> Other Product Interest(s) |
| <input type="checkbox"/> Networking | <input type="checkbox"/> If other, please specify _____ |
| <input type="checkbox"/> Outsourcing | |

Company Annual IT Budget Check only one

- | | |
|---|---|
| <input type="checkbox"/> \$500 million or more | <input type="checkbox"/> \$100,000 to less than \$1 million |
| <input type="checkbox"/> \$100 million to less than \$500 million | <input type="checkbox"/> \$25,000 to less than \$100,000 |
| <input type="checkbox"/> \$10 million to less than \$100 million | <input type="checkbox"/> Less than \$25,000 |
| <input type="checkbox"/> \$1 million to less than \$10 million | <input type="checkbox"/> Don't know |

Questions? Call Customer Service at 415-947-6908 (local); 866-535-8991 (toll free) or visit Interop.com