

LSi Reader Registration

Please write clearly using **BLOCK CAPITALS**

Your Details

Please tick one of the following boxes

- I am a new subscriber requesting to be added to the list**

Please fill in your full contact details below.

- I am an existing subscriber notifying change of details**

Please fill in your full contact details below and indicate your old postcode here

If this is a change of contact name, please tell us who the magazine was previously addressed to.....

Surname.....First Name.....

Job Title.....Company Name.....

Address.....

County.....Post Code.....Country.....

Tel.....Fax.....E-mail.....

- I would like to receive the L&SI Digital Edition (free).

- Please add me to your News Headlines E-mail list (free).

Your Occupation

Please tick at least one box in each category

Job Description

- | | | | | |
|--------------------------------------|--|---|--|---|
| <input type="checkbox"/> Architect | <input type="checkbox"/> Engineer | <input type="checkbox"/> Manufacturer | <input type="checkbox"/> Software Designer | <input type="checkbox"/> Venue Manager/
Operator |
| <input type="checkbox"/> Consultant | <input type="checkbox"/> Event Organiser | <input type="checkbox"/> Production/Tour
Manager | <input type="checkbox"/> Specifier | <input type="checkbox"/> Other: (please specify)
..... |
| <input type="checkbox"/> Crew Member | <input type="checkbox"/> Hire Operator | <input type="checkbox"/> Project Manager | <input type="checkbox"/> Supplier | |
| <input type="checkbox"/> Designer | <input type="checkbox"/> Installer | <input type="checkbox"/> Rental Operator | <input type="checkbox"/> Technician | |
| <input type="checkbox"/> Distributor | <input type="checkbox"/> Lecturer | | | |

Discipline

- | | | | | |
|--|---------------------------------------|----------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Accessories | <input type="checkbox"/> Audio | <input type="checkbox"/> Display | <input type="checkbox"/> Lighting | <input type="checkbox"/> Rigging |
| <input type="checkbox"/> Acoustics | <input type="checkbox"/> Audio-Visual | <input type="checkbox"/> Effects | <input type="checkbox"/> Projection | <input type="checkbox"/> Scenic/Staging |
| <input type="checkbox"/> Other: (please specify) | | | | |

Area

- | | | | | |
|--|-----------------------------------|---|---|----------------------------------|
| <input type="checkbox"/> Concert/Touring | <input type="checkbox"/> DJ/ Club | <input type="checkbox"/> Retail | <input type="checkbox"/> Theatre | <input type="checkbox"/> TV/Film |
| <input type="checkbox"/> Conference/Events | <input type="checkbox"/> Leisure | <input type="checkbox"/> Studio/Broadcast | <input type="checkbox"/> Themed Attractions | |
| <input type="checkbox"/> Other: (please specify) | | | | |

Are you responsible for specifying equipment? Yes

No

Do you work in the above role on a

Full-time or

Part-time basis?

Important

Please complete, sign, date and return this form to the address above or fax through on +44 1323 524121.

Signed:Date: