



LSi Reader Registration

Please write clearly using **BLOCK CAPITALS** or complete online: www.lsonline.com/subs

This form is for use by individuals who qualify for a FREE UK-based subscription to LSi...

Your Details

Surname..... First Name.....
Job Title..... Company Name.....
Address.....
County..... Postcode..... Country.....
Tel..... Email.....

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"/> Student | |
| <input type="checkbox"/> Designer | <input type="checkbox"/> Installer | <input type="checkbox"/> Rental Operator | <input type="checkbox"/> Supplier | |
| <input type="checkbox"/> Distributor | <input type="checkbox"/> Lecturer | | <input type="checkbox"/> Technician | |

Discipline

- | | | |
|--|--|-----------------------------------|
| <input type="checkbox"/> Audio | <input type="checkbox"/> AV / Video / Projection | <input type="checkbox"/> Lighting |
| <input type="checkbox"/> Rigging / 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: Full-time Part-time

ABC Audit Information

This information will be used for ABC auditing purposes only.

What are the first two letters of your town or city of birth? (for example: EA for Eastbourne)

Tick here to confirm you wish to receive the print edition of LSi magazine

Confirmation

We **never** pass on you details to other companies, but we would like to send you emails from time to time containing information we feel may be of interest. If you would like to receive these emails from LSi, please tick the box.

LSI USE ONLY
ABC Code:
Sub No:

Signed:..... Date:.....

Please sign, date and return this form to the address below, or snap and email to: subs@lsonline.com

