

# DEVELOPER PROGRAM REGISTRATION FORM

## StereoGraphics Corporation

2171 East Francisco Blvd.  
San Rafael, CA 94901  
Phone: 415-459-4500  
Fax: 415-459-2142  
E-mail: develop@crystaleye.com  
Web: www.stereographics.com

### Developer Data:

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

City/ST/Zip: \_\_\_\_\_

Country: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Your title: \_\_\_\_\_

Other contact: \_\_\_\_\_

Please tell us a little about your soon-to-be  
stereo application:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Order/Billing Information:

9 Check or Money Order Enclosed

Credit Card: VISA / MasterCard (circle one)

Card type: 9 Company 9 Personal

Acct #: \_\_\_\_\_ exp/\_\_\_\_\_

Name as appears on card: \_\_\_\_\_

Signature: \_\_\_\_\_

Please indicate quantity of product(s) ordered:

Program fee	\$100	x	___
CrystalEyes2+ emitter (regularly \$995)	\$395	x	___*
CrystalEyes2 ONLY (regularly \$795)	\$300	x	___
Emitter ONLY (regularly \$200)	\$100	x	___*
SimulEyes <sup>®</sup> VR (regularly \$119)	\$49	x	___
			Total: \$_____**

*Plus shipping and CA sales tax where applicable*

*\*If ordering an emitter for CrystalEyes2, please  
indicate the platform to be used on: \_\_\_\_\_*

*\*\*Shipping will automatically be added to your total. To  
have shipping costs NOT included, please supply the  
following information to be charged to your account:*

Carrier: \_\_\_\_\_ Account# \_\_\_\_\_

Please fax back to the attention of **Developer Relations** at (415) 459-2142 or mail to:

StereoGraphics  
Attn: Developer Relations  
2171 East Francisco Boulevard  
San Rafael, CA 94901