

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	_____
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CrystalEyes2+ emitter (regularly \$995)	\$395	x	_____*
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CrystalEyes2 ONLY (regularly \$795)	\$300	x	_____
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Emitter ONLY (regularly \$200)	\$100	x	_____*
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SimulEyes [®] VR (regularly \$119)	\$49	x	_____
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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

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