



UNIVERSAL PICTURES

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NAME: _____

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I'D LIKE TO RECEIVE BLU-RAY, IF AVAILABLE (BLU-RAY PLAYER REQUIRED)

PLEASE CHECK YOUR BRANCH:

- | | | |
|--|--|--|
| <input type="checkbox"/> ACTORS | <input type="checkbox"/> EXECUTIVES | <input type="checkbox"/> PUBLIC RELATIONS |
| <input type="checkbox"/> ART DIRECTORS | <input type="checkbox"/> FILM EDITORS | <input type="checkbox"/> SHORT FILMS & FEATURE ANIMATION |
| <input type="checkbox"/> ASSOCIATE MEMBERS | <input type="checkbox"/> MAKEUP ARTISTS & HAIRSTYLISTS | <input type="checkbox"/> SOUND |
| <input type="checkbox"/> CINEMATOGRAPHERS | <input type="checkbox"/> MEMBERS AT LARGE | <input type="checkbox"/> VISUAL EFFECTS |
| <input type="checkbox"/> DIRECTORS | <input type="checkbox"/> MUSIC | <input type="checkbox"/> WRITERS |
| <input type="checkbox"/> DOCUMENTARY | <input type="checkbox"/> PRODUCERS | |

PRIMARY ADDRESS

USE FOR DVDS ONLY (FEDEX) USE FOR SCREENING NOTICES ONLY (U.S. MAIL) USE FOR BOTH DVDS & SCREENING NOTICES (FEDEX & U.S. MAIL)

NAME: _____

C/O OR COMPANY: _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____ COUNTRY: _____

ALTERNATE ADDRESS

USE FOR DVDS ONLY (FEDEX) USE FOR SCREENING NOTICES ONLY (U.S. MAIL) USE FOR BOTH DVDS & SCREENING NOTICES (FEDEX & U.S. MAIL)

C/O OR COMPANY: _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____ COUNTRY: _____

TEMPORARY ADDRESS

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ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____ COUNTRY: _____

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MAILING PREFERENCE:

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| <input type="checkbox"/> I prefer to receive all mail and e-mail | <input type="checkbox"/> I prefer to opt out of receiving e-mails |
| <input type="checkbox"/> I prefer to receive all mail via e-mail only (except screeners) | <input type="checkbox"/> I prefer to opt out of all mailings and e-mails (except screeners) |