

THE NATIONAL ACADEMY OF TELEVISION ARTS AND SCIENCES
NEW YORK CHAPTER

**2011 NEW YORK EMMY® AWARDS
POST-NOMINATION NAME ADDITION ORDER FORM**

If you worked on a nominated entry and would like your name added to the list of nominees, we offer a Post-Nomination Name Addition opportunity with a fee of \$150 per name, per entry. ALL category eligibility requirements apply. Your contribution must have been tantamount to the entry's nomination-worthiness.

****NY NATAS MEMBER DISCOUNT:** If you are a NY NATAS member in good standing through our 54th Annual New York Emmy® Awards Gala (Sunday, April 3, 2011), the fee is only \$100 per name, per entry! Please follow this link to [JOIN NOW](#) or to renew your membership. If you have any questions, please contact our Membership Director, Barbara Miller: bmiller@nyemmys.org or 212-459-3630, ext. 200.

The deadline for Post-Nomination Name Addition consideration is **MONDAY, FEBRUARY 28th**

To have your name added to a nominated production, please fill out this form and fax to (212) 459-9772 with Credit Card information included or send by mail with check (made payable to NY NATAS) to the following address: NY NATAS, Attn.: Sarah Hughes, 1375 Broadway, Suite 2103, New York, NY 10018.

If you have any questions regarding eligibility or requirements, please contact Awards Director Sarah Hughes at (212) 459-3630, ext. 201 or via email at shughes@nyemmys.org.

Please Note: We are required to contact the original submitter to verify contributions to the production before processing any name addition!

Category: _____ Entry Title: _____

Company/Station: _____ Date of Initial Telecast: _____

Name(s) to be Added: _____

Role(s) on Production: _____

Address: _____

Phone Number: _____ Email Address: _____

The Post-Nomination Fee is \$150 per name, per entry

****NY NATAS MEMBERS: the Post-Nomination Fee is only \$100 per name, per entry**

Please verify my current NY NATAS membership. My membership number is: _____

Name as it Appears on Card: _____

Credit Card Number: _____

Expiration Date: _____ Verification Number (CCV): _____

Billing Address: _____

NY NATAS, 1375 Broadway, Suite 2103, New York, NY 10018
Phone: (212) 459-3630 ~ Fax: (212) 459-9772