

THE NATIONAL ACADEMY OF TELEVISION ARTS AND SCIENCES
NEW YORK CHAPTER

**2016 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 59th New York Emmy® Awards Gala (Saturday, March 19, 2016), 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, contact Helen Masha, Membership Administrator, at membership@nyemmys.org or 212-459-3630, ext. 212.

The deadline for Post-Nomination Name Addition consideration is **FRIDAY, FEBRUARY 26th**

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: Lauren Loverde, 450 Seventh Avenue, Suite 808, New York, NY 10123.

If you have any questions regarding eligibility or requirements,
please contact Lauren Loverde, Awards Director, via email at awards@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, 450 Seventh Ave, Suite 808, New York, NY 10123
Phone: (212) 459-3630 ~ Fax: (212) 459-9772