Adobe Plug-In Developer Registration Form

Complete and return this form to be included in our Plug-in registry. We may use this information to place up on our website to help promote your product or give to other interested parties including the press as well as end-users. One page per product, please.

☐ Photoshop®   ☐ Illustrator®   ☐ Premiere®   ☐ Acrobat®   ☐ After Effects®

Company Name: _____

Contact: _____

Address: _____

City: _____ State: _____ Zip: _____

Country: _____ Phone: _____ Fax: _____

Company URL and email: _____

Name of Plug-In _____

Macintosh version # Power Macintosh (Native) version # _____

Windows version # _____ Windows NT version # _____

Please describe functions your plug-in provides:

For catalog and marketing materials please give a one line description of your Plug-in.

Can we include this information in our third-party catalogs and electronic forums such as Compuserve, the Adobe BBS and the Adobe World Wide Web server? Y es _____ N _____

Distributor: _____ Retail Price: _____

Do you wish to receive further information on the Graphic Applications Plug-in Program and the Developers Association? Yes_____ No _____ (If you are not a current member)

Please complete this form and mail or FAX to:
Adobe Developer Marketing
Adobe Systems, Inc.
333 West San Carlos Street
San Jose, CA 95110
408-536-6883 (Attention: Developer Marketing)