

Please fax the completed form to Afilias, **FAX: +1 215-706-5701**

Registrar Marketing (Optional) Contact Data Form

Instructions

Your Information

- **Phone/Fax Numbers:** Please make sure phone and fax numbers include the country and area codes.
- **E-mail Address:** Please provide an e-mail address where regular notifications on marketing & public relations program will be sent.
- **Telephone Security Passphrase:** When any of your authorized contacts calls Afilias Tech Support, your contact must provide their passphrase. Callers without valid passphrases cannot be assisted. Different contacts can have different passphrases. Passphrases can be one or more words.

Contact Information

Registrars have an option to provide marketing contacts for the Registry to keep on file for notification about upcoming registry marketing programs and information. Registrars may choose to keep as many marketing & public relations contacts on file as they wish. Registrars may also wish to utilize the Marketing Authorization Form (MAF) to empower these individuals to enroll the Registrar in marketing programs released from the registry. **Marketing contacts may only inquire about information related to marketing programs.** Please contact Customer Service for additional information.

Time Zones

Please provide us with the best time for Afilias staff to contact the listed contacts. Please also provide the time difference in hours between your office location and UTC/GMT. When giving us times, please note for us what time zone you are noting (“9:00 am to 5:00 pm Eastern Time”). For UTC reference, please see: <http://www.timeanddate.com/worldclock/>

Languages

Please list the languages for which you are able to provide customer support.

Comments

Please list any special instructions that our staff should be aware of when attempting to contact the listed contacts.

Contact Us:

Afilias Customer Service

Tel: +1-866-dot-INFO/ +1-215-706-5710 Fax: +1-215-706-5701

General Information

Company Name: _____

Address: _____

City: _____

State/Province: _____

Zip/Postal Code: _____

Country: _____

Telephone Number: _____

Facsimile Number: _____

Marketing Contact 1:

First Name: _____ Middle Initial: _____ Last Name: _____

Address: _____

City: _____

State/Province: _____

Country: _____ Zip/Postal Code: _____

Telephone Number: _____ Facsimile Number: _____

E-mail Address: _____

Telephone Security Passphrase: _____

Subscribe to marketing mailing list

Subscribe to PR mailing list

Marketing Contact 2:

First Name: _____ Middle Initial: _____ Last Name: _____

Address: _____

City: _____

State/Province: _____

Country: _____ Zip/Postal Code: _____

Telephone Number: _____ Facsimile Number: _____

E-mail Address: _____

Telephone Security Passphrase: _____

Subscribe to marketing mailing list

Subscribe to PR mailing list

Marketing Contact 3:

First Name: _____ Middle Initial: _____ Last Name: _____

Address: _____

City: _____

State/Province: _____

Country: _____ Zip/Postal Code: _____

Telephone Number: _____ Facsimile Number: _____

E-mail Address: _____

Telephone Security Passphrase: _____

Subscribe to marketing mailing list

Subscribe to PR mailing list

Marketing Authorization Forms

I have enclosed (or have on file) marketing authorization forms for the following individuals:

Time Zones

Time zone of your primary office location: _____

Time difference at office location relative to UTC/GMT: + / - _____ hours

Regular office hours: _____

[For UTC reference, please see: <http://www.timeanddate.com/worldclock/>]

Languages

Does the registrar's staff speak English?: Yes No

What are the primary languages spoken? _____

