

THE NATIONAL ACADEMY OF TELEVISION ARTS &
SCIENCES, NEW YORK CHAPTER

**2018 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 61st New York Emmy® Awards Gala (Saturday, April 14, 2018), 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 Cristina Merone, Acting Membership Manager, at membership@nyemmys.org or 212-459-3630 X2.

The deadline for Post-Nomination Name Addition consideration is **5PM on Friday, March 9th.**

To have your name added to a nominated production, please fill out this form and scan or fax with credit card information included or send by mail with check (made payable to NY NATAS) to the following address:
NY NATAS, Attn: Sean Schenk, 450 Seventh Avenue, Suite 808, New York, NY 10123.

If you have any questions regarding eligibility or requirements,
please contact Sean Schenk, 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