



Adobe

Inspiration becomes reality.™

www.Adobe.com

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...-EQUIV="content-type" &
...-generator" CONTENT="A
...Systems Incorporated
...LANGUAGE="JavaScript" ><!--
...entSection = "sitemenu";
...lastOver;
...preLoadFlag = false;
...worldwidePopped = false;
...worldwideTimer;

if (navigator.platform && (navigator.
//mac users
document.write('<LINK HREF="/ssi
```

Adobe Acrobat and Adobe PDF Forms

Sarah Rosenbaum
Group Product Manager
Adobe Acrobat



Agenda

- **What is a Form?**
- **Benefits of Electronic Forms**
- **Why Adobe PDF Forms?**
- **How Hard is it to Switch?**
- **Adobe PDF and Accessibility**
- **Partner Solutions**

What is a Form?

- **“Container” for data**

- *Traditional model: enter information, submit completed form to centralized administration*
- *Purchase requisition, expense report, loan applications*

- **Interface to data**

- *Interactive or query model: enter information and balance of form is completed from database*
- *Customized catalog, product or service info*
- *Account status, service record, application*

Benefits of Electronic Forms

- *Leverages electronic communications infrastructure*
- *Reduced cost*
 - *IRS: Sending a form by mail costs approximately \$3, compared to about a penny for a thousand PDF files downloaded from the Web.*
- *Reduced processing time*
 - *“With PDF and Lotus Notes, filing approvals can happen in minutes, instead of weeks or months.”*

Jim Latteman
SERFF Marketing Manager
 - *24 hour/7 day access*

Why Adobe PDF Forms?

- **Maintains original formatting and fidelity**
 - *View and print anywhere, looks exactly like original*
- **Reduces development time and cost**
- **Electronic form is identical to paper form**
- **Any file can become an Adobe PDF form**
- **Single form for “print and complete” or “on-screen fill-in and submit”**

How Hard is it to Switch?

- **Easy – if you use Acrobat**
 - *Start with any Adobe PDF file*
 - *Even from a scanned original*
 - *Add form fields*
 - *Add logic (optional)*
- **Use ePaper Solutions Partners for workflow and data collection**

demo

Adobe PDF and Accessibility

- Zoom into the form as needed
- Adobe PDF Forms are Self Vocalizing
 - *Technical requirements*
 - *Microsoft Text-to-Speech engines*
 - *Version 4.05 - Adobe Acrobat, Acrobat Business Tools, Acrobat Reader*

demo

Partner Solutions

■ Cardiff Software Inc.

■ *TELEform with PDF+Forms™*

- *Professional Forms Design & Processing for Adobe Acrobat*

■ *PDF+Forms for LiveLink*

- *Apply workflow and business rules to forms and collected data*

■ Paper2net.com

■ *Office Courier*

- *Automates the online submission, routing, approval, and tracking of virtually any paper-based business process*

Summary

- **Increased efficiencies gained by going to e-forms**
- **Begin the transition by doing simple fill-in and print**
- **E-forms can be more accessible than paper versions**
- **Look to Adobe partners for integrated, enterprise solutions**



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Please pre-register for Seybold Seminars Boston/Publishing 2000 by January 31, 2000. After January 31, 2000, all registration will take place on-site in the registration area at Hynes Convention Center. Recording devices and cameras, still or video, are prohibited. Sorry, no one under 18 admitted, including infants.

To register, complete sections 1-4.

1 Please print or type your name and address. For additional registrations, please make a copy of this form. (Each registration MUST be submitted separately.)

First Name _____ Last Name _____
 Company _____ Title _____
 Address _____
 City _____ State _____ Zip _____ Country _____
 Phone _____ Fax _____ *Email _____

PRIORITY CODE #

XXAA

* Providing your Email address indicates to us that you may be interested in receiving future Email promotions about other exciting Ziff-Davis events.

2 YES! REGISTER ME FOR SEYBOLD SEMINARS BOSTON/PUBLISHING 2000

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| | | DATES | EARLY BIRD PRICE BY JAN. 14 | REGULAR PRICE AFTER JAN. 14 | |
|--|--------------------------|---|--------------------------------|--------------------------------|--------|
| SPECIAL DISCOUNT PACKAGES | | | | | |
| PP | <input type="checkbox"/> | Platinum Passport (complete access to everything, plus bonus gifts) | Feb. 7-11 | \$2195 | \$2595 |
| GA | <input type="checkbox"/> | Gold Passport A (complete access Monday-Wednesday, plus bonus gift) | Feb. 7-9 | \$1349 | \$1495 |
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| CONFERENCES | | | | | |
| WC | <input type="checkbox"/> | 2-Day Seybold Web Publishing Conference | Feb. 7-8 | \$849 | \$975 |
| SC | <input type="checkbox"/> | 2-Day Seybold Publishing Strategies Conference | Feb. 9-10 | \$849 | \$975 |
| BC | <input type="checkbox"/> | 2-Day Seybold Best Practices for Print Publishing Conference | Feb. 10-11 | \$695 | \$795 |
| SPECIAL INTEREST DAYS | | | | | |
| DP | <input type="checkbox"/> | Digital Imaging Day | Tuesday, Feb. 8 | \$365 | \$450 |
| PD | <input type="checkbox"/> | PDF Day | Tuesday, Feb. 8 | \$365 | \$450 |
| CM | <input type="checkbox"/> | Color Production Day | Wednesday, Feb. 9 | \$365 | \$450 |
| BP | <input type="checkbox"/> | On-Demand Printing: Today, Tomorrow, and the Day After Tomorrow | Wednesday, Feb. 9 | \$365 | \$450 |
| AP | <input type="checkbox"/> | Digital Asset Management Day | Wednesday, Feb. 9 | \$365 | \$450 |
| DS | <input type="checkbox"/> | Building the Corporate Portal Day | Wednesday, Feb. 9 | \$365 | \$450 |
| XM | <input type="checkbox"/> | XML In Publishing Day | Thursday, Feb. 10 | \$365 | \$450 |
| SEYBOLD PUBLICATIONS: SUBSCRIPTIONS AND FULL WEB SITE ACCESS (new or renewal prices—foreign subscriptions slightly higher): | | | | | |
| RI | <input type="checkbox"/> | The Seybold Report on Internet Publishing (1 Year) | | \$265 | \$295 |
| RP | <input type="checkbox"/> | The Seybold Report on Publishing Systems (1 Year) | | \$345 | \$395 |
| RB | <input type="checkbox"/> | Both Reports: Publishing Systems and Internet Publishing (1 Year) | | \$535 | \$595 |

FULL-DAY TUTORIALS (fill in code(s) below from page 38) **Feb. 7-11, 2000**


F1 1 Tutorial **F3** 3 Tutorials save \$50
 F2 2 Tutorials save \$25 **F4** 4 Tutorials save \$75
 Code _____ Code _____ Code _____ Code _____

HALF-DAY TUTORIALS (fill in code(s) below from page 38) **Feb. 7-11, 2000**

H1 1 Tutorial **H3** 3 Tutorials save \$50
 H2 2 Tutorials save \$25 **H4** 4 Tutorials save \$75
 Code _____ Code _____
 Code _____ Code _____

EO **EXPOSITION ONLY FREE with this form (\$75 on site) Feb. 9-11, 2000**

ALL OF THE ABOVE ITEMS INCLUDE FREE ADMISSION TO THE EXPOSITION.

 If you require special assistance covered under the Americans with Disabilities Act, please call 1-888-886-8895 by January 5, 2000.

Payment Method Payment in U.S. funds must accompany the order. Registrations without payment will be returned.

Check number _____ (made payable to ZD Events) for \$ _____

CREDIT CARD AUTHORIZATION

I would like to use my credit card to charge my attendance accommodations

Charge \$ _____ to: Visa MasterCard AmEx Diners Club

Name on Card _____
 Card Number _____ Exp. Date _____
 Billing Address _____
 Signature _____

Important: Registration must be accompanied by full payment to be processed.
No payment required for your FREE Exposition Pass—check "EO"!

Cancellations, Substitutions and Refunds Policy: In the event of cancellation or changes, registration fee will be refunded less 20% handling charge if written notice is received by January 3, 2000. After January 3, 2000 all cancellations and changes are non-refundable and will be applied toward Seybold Seminars Boston 2001 less 20% handling charge if received in writing by January 31, 2000. After January 31, 2000, no credits will be issued.

3 ACCOMMODATIONS

Complete this part if you require us to make your hotel reservations.

To reserve your room, our staff must make a reservation for you at one of the hotels listed on page 36. Please indicate your hotel choices in order by writing the hotel names in the spaces provided below, and specify your arrival and departure dates. Also, please indicate single or double room.

IMPORTANT: All hotels require a one-night deposit plus 12.45% (tax subject to change) room tax to hold your reservation. Please supply your credit card name, number, expiration date and cardholder's name and signature in space provided.

Note: Changes, cancellations and refund policies are determined by the individual hotels. Some hotels may elect to charge your one-night deposit on your credit card upon receipt rather than waiting for your arrival. Room rate and tax are subject to change.

Please list in order of preference, 8 choices must be listed.

| HOTEL CHOICE | SINGLE | DOUBLE |
|--------------|-----------------------|-----------------------|
| 1 _____ | <input type="radio"/> | <input type="radio"/> |
| 2 _____ | <input type="radio"/> | <input type="radio"/> |
| 3 _____ | <input type="radio"/> | <input type="radio"/> |
| 4 _____ | <input type="radio"/> | <input type="radio"/> |
| 5 _____ | <input type="radio"/> | <input type="radio"/> |
| 6 _____ | <input type="radio"/> | <input type="radio"/> |
| 7 _____ | <input type="radio"/> | <input type="radio"/> |
| 8 _____ | <input type="radio"/> | <input type="radio"/> |

Arrival Date: _____ Departure Date: _____
 Share with _____
 Comments _____

In the event none of my choices are available, I authorize ZD Events to assign an alternative hotel for me.

4 ATTENDEE PROFILE

This section must be completed in order to properly process your registration.

- What is your organization's primary business activity at this entire location? (Select one only)**
 - 1A. Advertising, Public Relations, Promotions
 - 1B. Commercial Printer
 - 1C. Computer Consultant
 - 1D. Computer Manufacturer
 - 1E. Computer Retailer, Wholesaler, Distributor
 - 1F. Digital Media Developer
 - 1G. Education
 - 1H. Entertainment/Broadcast
 - 1I. Government/Military
 - 1J. Graphic Arts/Design
 - 1K. Manufacturing (Non-Computer Related)
 - 1L. Publishing
 - 1M. Professional (Legal, Banking, Medical, etc.)
 - 1N. Service Bureau/Prepress
 - 1O. VAR/Systems Integrator
 - 1P. Web/Internet
 - 1Q. Other (Specify) _____
- Which of the following categories best describes your level of responsibility? (Select one only)**
 - 2A. Executive
 - 2B. Manager
 - 2C. Professional
 - 2D. Staff
- What is your job function? (Select one only)**
 - 3A. Consulting
 - 3B. Education/Training
 - 3C. Engineering/Science/R&D
 - 3D. Graphic Arts/Design
 - 3E. MIS/Networking/Data Communications
 - 3F. Page Production/Prepress
 - 3G. Production/Quality Control
 - 3H. Professional (Legal, Banking, Medical, etc.)
 - 3I. Publication Management
 - 3J. Public Relations/Advertising
 - 3K. Sales/Marketing
 - 3L. Video/Audio Production
 - 3M. Web/Internet Site Development
 - 3N. Writing/Editing
 - 3O. Other (Specify) _____
- Which of the following applications do you specify, recommend, buy or approve the purchase of? (Select all that apply)**
 - 4A. Business Applications
 - 4B. Engineering (CAD/CAM)
 - 4C. Graphic Arts/Design
 - 4D. Internet Development Tools
 - 4E. Multimedia
 - 4F. Publishing Management Tools
 - 4G. Systems Management
 - 4H. Other (Specify) _____
- Which of the following hardware do you specify, recommend, buy or approve the purchase of? (Select all that apply)**
 - 5A. Commercial Printer
 - 5B. Computer Systems/Work Stations
 - 5C. Desktop/Portable Imaging Devices (Scanners, Digital Cameras)
 - 5D. Desktop Printers
 - 5E. Networking Hardware
 - 5F. Prepress/Imaging Hardware
 - 5G. Storage
 - 5H. Other (Specify) _____

Employee's Withholding Allowance Certificate

1999

► For Privacy Act and Paperwork Reduction Act Notice, see reverse.

| | | |
|--|-----------|-------------------------------|
| 1 Type or print your first name and middle initial | Last name | 2 Your social security number |
|--|-----------|-------------------------------|

| | |
|---|--|
| Home address (number and street or rural route) | 3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the Single box. |
|---|--|

| | |
|-----------------------------------|---|
| City or town, state, and ZIP code | 4 If your last name differs from that on your social security card, check here and call 1-800-772-1213 for a new card ► <input type="checkbox"/> |
|-----------------------------------|---|

| | | |
|---|---|--|
| 5 Total number of allowances you are claiming (from line G above or from the worksheets on page 2 if they apply) | 5 | |
| 6 Additional amount, if any, you want withheld from each paycheck | 6 | |
| 7 I claim exemption from withholding for 1996 and I certify that I meet BOTH of the following conditions for exemption: <ul style="list-style-type: none"> • Last year I had a right to a refund of ALL Federal income tax withheld because I had NO tax liability; AND • This year I expect a refund of ALL Federal income tax withheld because I expect to have NO tax liability. If you meet both conditions, enter "EXEMPT" here ► | 7 | |

Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate or entitled to claim exempt status.

| | | |
|--|--------------------------|--|
| Employee's signature ► | Date ► | |
| 8 Employer's name and address (Employer: Complete 8 and 10 only if sending to the IRS) | 9 Office code (optional) | 10 Employer identification number : : : |