



Affidavit of Participation and Performance Summary

Thank you for participating in Synacor's new Fall Promotion. Please take a few minutes to complete the information requested below and sign the Statement of Authenticity.

System Contact Name _____

Title _____

Total # of Premium Bundle Subs gained during promotion _____

MSO _____ DMA _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

E-mail address _____

Please indicate the two week period during August 14 – October 15 that you ran the cross-channel spots:

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Aug. 14 – Aug. 27 | <input type="checkbox"/> Aug. 21 – Sep. 3 | <input type="checkbox"/> Aug. 28 – Sep. 10 | <input type="checkbox"/> Sep. 4 – Sep. 17 |
| <input type="checkbox"/> Sep. 11 – Sep. 24 | <input type="checkbox"/> Sep. 18 – Oct. 1 | <input type="checkbox"/> Sep. 25 – Oct. 8 | <input type="checkbox"/> Oct. 2 – Oct. 15 |

Per Spot \$ Value _____ Total Spot \$ Value _____

Did you run supplemental promotional support in addition to cross-channel? Yes No

If "Yes" please check off the other support used:

- Direct Mail – Quantity _____ Online Banner Bill Insert CSR Incentive
 Other (please list) _____

State of Authenticity

I affirm and represent that I have complied with all terms of Synacor's new Fall Promotion and have run a total of at least 300 Promotion Cross-Channel Spots between August 14-October 15, between the hours of 6AM and 12midnight and that all information herewith is factual.

Signature (system contact) _____

Name _____

Title _____

Date _____

Return this completed form via trackable mail delivery service to Synacor Promotion Headquarters by **November 15, 2006.**

Synacor – Attention: Christine McKeehan
40 La Riviere Drive, Buffalo, NY 14202
Phone (716) 362-3314

