

Please print and fax this registration sheet completed to GP+A at (614) 228-5284

Viewtype v1.5 Registration Form

Name _____

Company _____

Address _____

City _____ State/Province _____ Zip/Postal Code _____

Phone _____ Fax _____

Email Address _____ Email System (e.g. MCI) _____

Quantity _____ Single user license fee(s) @ \$20.....\$ _____

Quantity _____ LAN server license fee(s) @ \$100.....\$ _____

Amount enclosed or to be charged to VISA(tm)/Mastercard(tm).....\$ _____

Mail check payable to Gregory Pruden & Associates, Inc. to:

GP+A
240 N. Fifth Street
Suite 330
Columbus, OH 43215

Charge Card _____ Card Number _____

Expiration date _____ Bank or Bank Number _____

I agree to use the software on a single computer or if purchasing the LAN version a single server, and I agree to pay according to the terms of my card holder agreement.

Signature _____ Date _____

Comments/Suggestions _____
