

WINUPD8R™ 2.1

REGISTRATION FORM

(Corporate Licenses Available - Inquire by CompuServe or US Mail)

PLEASE REPLACE THE UNDERSCORES IN THE FORM WITH YOUR
REGISTRATION DATA, PRINT THE FORM AND MAIL TO:

Dick Bryant
Open Windows
P.O. Box 49746
Colorado Springs, CO 80949-9746

CompuServe 75236, 3243

Name _____

Address _____

City _____ State _____ Zip Code _____

Disk Size Preference ___ 3 1/2" ___ 5 1/4" Date _____

___ I'm enclosing \$15.00 in cash, check or money order

___ Please charge my ___ VISA or ___ MasterCard

Card # _____ Exp. Date _____

Cardholder Signature (for credit card orders) _____

CompuServe # _____

(If your CompuServe # is included, I'll send your Registration Key by CompuServe-Mail for speedier service)

thank you for your support of
the
SHAREWARE CONCEPT