

4G Technology Suite Order Form

Special Promotion Through October 30, 2010

PLEASE SEND THE FORM TO: (FAX) +1-408-228-1935 (EMAIL) STEVE@DELSON.ORG

(NON-REFUNDABLE)

Please Print or Type

Name _____

Prof./Dr.Mr./Mrs./Ms.

Last Name

First Name

Middle Name

Mailing Address (to send confirmation): _____

City

Sate/Province

Country

ZIP/Postal Code

Telephone: (_____) _____ Fax: (_____) _____

Organization: _____ Email Address: _____

GENERAL LICENSES

	<i>Individual</i>	<i>Corporate</i>	
ONE COPY	US\$ 2790	US\$ 6975	\$ _____
GROUP SPECIAL (Three copies and more)	US\$ 2290	N/A	\$ _____

TOTAL US\$ _____

PAYMENT INFORMATION

For payment information on check, bank draft or wire transfer, please contact: steve@delson.org. To pay by credit card, please fill in the following form with your signature. We will e-mail you the receipt after processing your order.

Charge my: [] VISA [] Mastercard [] AMEX Amount: \$ _____

Credit Card # : _____ Exp. Date (MM/YY): _____

Signature: _____ ZIP/Postal Code: _____

Print name as it appears on card: _____

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