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Please print clearly or we will have difficulty contacting you

SOFTWARE EVALUATION LICENSE AGREEMENT

Package

APSYS		LASTIP		PICS3D		PROCOM	CSUPREM	
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(1) LICENSEE ORGANIZATION: _____

CONTACT PERSON: _____ E-MAIL ADDRESS: _____

(2) PURPOSE OF EVALUATION (Please select one or more of the following):

- (a) To run existing examples and to verify the software performance.
- (b) To simulate a specific device/process as shown on separate page(s) or similar to the following reference(s):

- (c) The Licensee wishes to receive step by step guidance on (b) above.
- (d) Other, please specify. _____

(3) COMPUTER SPECIFICATION (INTEL/AMD, MEMORY SIZE): _____

INSTALLED AT (Full Address): _____

PHONE NUMBER: _____ FAX NUMBER: _____

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AUTHORIZING SIGNATURE

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POSITION/TITLE _____ DATE: _____

For office use only: Expiry: year/month/date (_____/_____/_____)

Case/File No. _____