

# 4G Technology Suite Order Form

*Special Promotion Through July 30, 2009*

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

**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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