

Please print this form and mail or fax when completed.

Registration form CProtect

Yes, I see your point and would like to register and receive a *unique version* of **CProtect**

DATE: _____

NAME: _____

COMPANY NAME: _____

ADDRESS: _____

FAX NUMBER: _____

PHONE NUMBER: _____

E-MAIL ADDRESS: _____

Choose currency please and check one:

I pay :	US\$()	£()	DM()	SEK()
Registration fee	50	32	70	375
Postage Sweden				10
Outside Sweden	8	5	11	
Total	58	37	81	385

Method of payment, please check your choice

- International check. ()

- Cash (registered mail). ()

- Bank transfer to ()

**S-E Bank Sweden, Swift code ESSESESG,
Account No. 5013 00 003 02.**

- Europe: Giro transfer to ()

Sweden: Account No. 448 06 36-2.

No credit cards, please.

Thomas Lichtneckert
Nordenskiöldsgatan 24
S-413 09 Göteborg
SWEDEN

Your order will be shipped by **Euroletter** (quicker then 1:st class) within 24 hours after the reception of your payment.

If you have any questions, comments, suggestions or if you discover any bugs please contact the author at the above address or

e-mail: Thomas.Lichtneckert@abc.se.

Fax: +46-31 121 621

Phone: +46-31 145 131