

**Application Timer Registration Form**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_  
(optional)

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Disk format : \_\_\_ 3.5" \_\_\_ 5.25"

Enclosed is \$15.00.

Send to:

**InfoPerfect Inc.  
1001 S. 800 E.  
SLC, UT 84105-1203**