

Registration Form

Darkhorse Macros Series

Last Name: _____

First Name: _____ MI: _____

Street address: _____

City: _____

State: _____ ZIP: _____

Day voice phone: _____ (optional)

Evening voice phone: _____ (optional)

Data phone, if any: _____

Network address, if any (e.g., FidoNet): _____

Please check product(s) you wish to order:

A. Single copies, \$18.00/ea:

DocDoc (DOS) _____ DocDoc (Windows) _____ Composure _____

ZWiz _____ Macaruni _____ Perfetech _____

B. Package deal: \$30.00 for any two checked above _____

\$42.00 for any three _____ \$52.00 for four _____

\$60.00 for all five _____

How did you learn of these products? _____

Comments/suggestions: _____

Amount enclosed:

\$ _____

MAIL CHECK PAYABLE TO

Darkhorse Industries

P. O. Box 709

Winterville, GA 30683