

Registration form Screen Saver Activate for Windows 95

Name: _____
Organization: _____
Address: _____
City: _____
State or Province: _____
Postal code: _____
Country: _____
Phone: _____ Fax: _____
Email: _____

Number of copies of **SSACTIVATE** to register (**\$10.00** each): _____

___ Check here if you wish to receive a copy of **SSACTIVATE** on floppy disk.
The price per copy will be increased to **\$15.00** to cover media and shipping.
Select desired disk format.... 3.5" ___ or 5.25" ___

Call for site / organization license info if registering 10 or more copies.

Payment methods

___ Check here if paying by check or money order.
Payment should be in US funds for **\$10.00** for each copy of **SSACTIVATE** which you wish to register. (**\$10.00** for 1 copy, **\$20.00** for 2 copies, **\$ 30.00** for 3 copies, etc.)
Make the check or money order payable to: **Digital Control Systems.**

You may register this program via **Compuserve (GO SWREG, Registration ID: 8459)**

We will also accept **American Express, MasterCard** or **VISA.**

___ Check here to charge to your **American Express** account.
___ Check here to charge to your **MasterCard** account.
___ Check here to charge to your **VISA** account.

Name (as it appears on card): _____
Card Number: _____ Exp date: _____
Signature: _____

If paying by credit card:
You may fax this form to **(615) 889-9595.**
You may send this form to our email address : **72660.1040@compuserve.com.**
or : **73347.145@compuserve.com**

You may also call us at: **(615) 889-6357.**
Or you may use our Postal mailing address (required for check or money order):

Digital Control Systems
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Hermitage, TN. 37076