

ChkBox Registration Form

Please complete this form to register the ChkBox.

Name: _____

Company: _____

Address: _____

City / State: _____ Zip Code: _____

Internet Address: _____ (Optional)

Number of Copies: _____

Total Amount Enclosed: (\$35 Per Copy 1 - 5, EMail for above 5) \$_____

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Thank you for your order. Please feel free to contact us at CIS: 74601,717 if you have any questions.

Please mail the completed form to:

Michael Stoler
11 Welwyn Road
Great Neck, NY 11021

CIS: 74601,717