

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 _____ Composure _____ ZWiz _____
Macaruni _____ Perfetch _____

- 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