

## ChkBox Registration Form

Please complete this form to register the ChkBox.

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

Company: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

City / State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Internet Address: \_\_\_\_\_ (Optional)

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Shipment Method: \_\_\_\_\_ US Mail \_\_\_\_\_ Compuserve \_\_\_\_\_ Internet (UEncoded)

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