

egistration Form

ail or fax registration form to:

ELS, Inc.
622 NW 43rd Street, Suite B4
Gainesville, Florida 32606

Fax: (352) 375-5679
Info: (352) 375-0558
Order: (800) 443-7971
E-mail: elstech@elsinc.com

WWW: <http://www.elsinc.com/~elstech>

Please register me for:

_____ ChatNet Personal Edition
.....\$25

_____ ChatNet 10 User License
.....\$99

_____ ChatNet 50 User License
.....\$249

_____ ChatNet 250 User License
.....\$499

Order Total: \$ _____
(Florida residents add 6% sales tax)

Registration Name (Encoded into ChatNet) :

User Name : _____

Address: _____

City: _____ State: _____

Zip: _____

Country: _____

Daytime Phone: (_____
)

Fax Number: (_____
)

_____ E-mail Address: _____

Method of Payment:

_____ Check or Money Order (US funds) enclosed payable to: ELS, Inc.

_____ Charge my credit card: MasterCard _____

VISA _____

Card Number: _____

Exp. Date: _____

Name on Card:

Cardholder Signature (required):

Please send my registration information via: ___ mail ___ fax ___ e-mail.