

Application Timer Registration Form

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____
(optional)

Comments: _____

Disk format : ___ 3.5" ___ 5.25"

Enclosed is \$15.00.

Send to:

**InfoPerfect Inc.
1001 S. 800 E.
SLC, UT 84105-1203**