CHICAGO-LAND EXACT MACOLA USER GROUP

COMPANY INFORMATION

Company Name:			Phone:
Address 1:			Phone 2:
Address 2:			Fax:
City:	State:	Zip:	Web Address:
Type of Business:			Number of Employees:

CONTACT INFORMATION

Main Contact: Name: _____ Phone/ext: _____ E-mail: _____	Alt 1 Contact: Name: _____ Phone/ext: _____ E-mail: _____
Alt 2 Contact: Name: _____ Phone/ext: _____ E-mail: _____	Alt 3 Contact: Name: _____ Phone/ext: _____ E-mail: _____

MACOLA USER INFORMATION

Version: Btrieve MS-SQL 6.0 7.0 7.5 7.6 ES	Users:	Type of Network:	
		Current Operating Environment:	

Would you be able to host a meeting? YES NO

If yes, for how many? _____

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Would you prefer to pay annual dues or a per meeting fee if needed (i.e. beverages, snacks, meeting facility)?

ANNUAL Dues "Kitty" Per MTG Fee

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Do you have any level of expertise that you could offer the group in forms of training, leading a discussion, etc.?

_____

_____

May we share your contact information with other members of our user group?

YES NO

Technical Support: Direct Exact Macola Support

Re-Seller/Consultant: _____

Enhancements:

Comments:

Please fax form to 708.343.6674
OR E-mail to ked@lcraven.com

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