



# DICOMatic Renewal Form

**PO Number:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Dongle ID:** \_\_\_\_\_

<b>Shipping Address:</b>	Your Name _____
	Institution Name _____
	Address _____
	_____
	_____
Telephone _____ Fax _____	
e-mail _____	

<b>Payment method:</b>	<input type="checkbox"/> Bill us	<input type="checkbox"/> Payment is inclosed
	Billing Address (if different): _____	

<b>Product: Renewal</b>	<input type="checkbox"/> x 400 studies + 1 format (\$US 750.00 each) _____	
	<input type="checkbox"/> x 1,000 studies + 2 formats (\$US 1,500.00 each) _____	
	<input type="checkbox"/> x 2,000 studies + 3 formats (\$US 2,250.00 each) _____	
	Note: Renewal licenses are sent by email. There are no shipping charges.	
<b>Tax:</b>	GST tax (5%) (if buying from Canada)    PST tax (7.5%) (if buying from Quebec)	
<b>TOTAL:</b>	_____	

\* All prices mentioned in this document are subject to change without notice.

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