



47 Mall Drive, Suite 8, Commack, NY 11725 USA

Phone: 631.543.6500 Fax: 631.543.4330

SIG/CINEMA® Version 3 Upgrade ORDER FORM

Please print form, then complete and fax or mail to KLD Associates, along with either payment, or credit card data and signature.
 This order form is for customers who already own HCM Version 3 or 4 or SIG/Cinema®.

Licensee Name to Appear on SIG/Cinema® Reports (32 characters):

Type of Organization (Check One):
 Academic _____ Gov't _____ Business _____
 Number of PCs to use at this site: _____

1) I wish to replace my older copies of HCM or SIG/Cinema with SIG/Cinema 3.

Current Cinema License	Qty	Upgrade from HCM/Cinema V3 or 4 or SIG/Cinema V1	Upgrade from SIG/Cinema V2	Amount
Single PC		\$275	\$225	\$
Add'l _____ PCs @		\$200 ea.	\$175 ea.	\$
Single Site (10 PCs)		\$1,500	\$1,250	\$
Multiple Site (16 PCs)		\$2,000	\$1,750	\$
1) SIG/Cinema Upgrade Sub-total:				\$

Name: _____

Title: _____
 Organization: _____

Department: _____
 Address: (No Shipments to PO Box) _____

2) I also wish to purchase additional copies of SIG/Cinema V3:

Current License	Qty.	Add'l PCs @ Same Site	Upgrade to Single Site (10 PCs)	Upgrade to Multi-Site (16 PCs)	Amount
Single PC		\$275 ea	\$1,955	\$3,320	\$
2 PCs		\$275 ea	\$1,680	\$3,045	\$
3 PCs		\$275 ea	\$1,405	\$2,770	\$
Single Site		\$275 ea	--	\$ 845	\$
Single Copy for new site:				\$ 795	\$
				Sub-total:	\$
				Discount (see below):	\$-
For Network Version: No. of PCs _____		Add:	\$ 395	\$	\$
2) Additional Purchases Sub-total:				\$	\$

City: _____

State: _____ Zip: _____

Telephone: _____

Fax: _____

E-mail: _____

System Requirements: IBM PC 486 or later Compatibles, MS Windows 95/98/NT/ME/2000XP OS

IBM is a registered trademark of International Business Machine Corp.

Credit Card Orders (Check One):
 MC _____ Visa _____

Discounts Apply Only to Purchases of Additional Software:
Academic Software License - 40% discount relative to above prices. (Available to accredited educational institutions solely for non-commercial use: teaching and research.)
Government Agency License (within U.S. only) - 10% discount relative to above prices. (Purchase Orders accepted)

Account Number: _____

Exp.Date: _____

Card Holder's Name: _____

1) SIG/Cinema Upgrade Sub-total: \$ _____

2) Additional Purchases Sub-total: \$ _____

Sum of Above: \$ _____

N.Y. Residents add Sales Tax: \$ _____

Shipping per site (U.S., Canada: **\$10**; Other: **\$30**): \$ _____

TOTAL: \$ _____

Signature: _____

Serial Number of Current HCM or SIG/Cinema License:

Foreign Orders: All payments in US \$ drawn on NY Agency. Enclose Check or Money Order Payable to:
KLD Associates, Inc.
47 Mall Drive, Suite 8
Commack NY 11725

Tel: 631.543.6500 Fax: 631.543.4330 E-mail: marketing@kldassociates.com

NOTES: *Include complete shipping information for each site on additional pages. All prices subject to change without notice.

