

Request for Access to Trial Version FUN 9



FAX Number : 00 49 89 6780416 29

I hereby request access to FUN Trial Version.

Salutation	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.
First Name	
Last Name	
Company / Organization Name	
Business Email Address	
Profession	
Web Site Address of your Company	
Address	
City	
Country	
Phone	
Please describe your professional environment and activities that motivate your interest in FUN Radio Network Planning Software.	
Are you currently involved in a radio network planning and optimization project?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you used other radio network planning tools before please give their names	
How did you hear about us?	<input type="checkbox"/> Search Engine <input type="checkbox"/> Press Release <input type="checkbox"/> Trade Show <input type="checkbox"/> Advertisement <input type="checkbox"/> Through a Person <input type="checkbox"/> Other <input type="checkbox"/> Press Release
Do you or your organization plan to purchase planning software in the next 6 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe
Requested Modules	<input type="checkbox"/> GSM <input type="checkbox"/> UMTS <input type="checkbox"/> MW

I affirm to have read the Terms of Use and will strictly adhere to them.

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Location

.....
Date

.....
Signature