



EGH PRE-ORDER FORM

PLEASE RETURN TO: FETN fax # 972-309-5302

****IF TAX EXEMPT, PLEASE INCLUDE COPY OF YOUR TAX EXEMPT CERTIFICATE****

Shipping/Billing Address

Subscriber Name			
Street Address		P. O. Box	Zip
City	State	Telephone No	
		Fax No.	
Attn:	P.O.# Required? <input type="checkbox"/> Yes <input type="checkbox"/> No	E-Mail:	
	P.O.# _____	Fire Dept Roster: _____ Stations: _____	

Everybody Goes Home Training Simulation

_____ Disc @ \$50 Per Disc: \$ _____
2 Quarterly Updates 2008
 @ \$25.00/each per Qtr: \$ _____

TOTAL PRICE YEAR ONE: \$ _____ (Includes Q3 and Q4 Updates!)

TOTAL PRICE YEAR 2 (4 QRT UPDATES): \$ _____

INITIAL TERM: 2 YEAR TERM TO INCLUDE THE DISC AND ALL AVAILABLE QUARTERLY UPDATES PRODUCED BY EGH.

NOT WITHSTANDING THE INTIAL TERM ABOVE, THIS IS A 30 DAY TRIAL PERIOD, DURING WHICH NO INVOICING WILL OCCUR. IF AT THE END OF THE 30 DAYS, SUBSCRIBER DESIRES TO RETAIN THE EGH PRODUCT. THIS AGREEMENT, INCLUDING THE INITIAL TERM AND FEES SELECTED ABOVE, WILL GOVERN SUBSCRIBER'S ORDER, BEGINNING ON THE DAY THAT THE 30 DAY TRIAL PERIOD ENDS. THE 30 DAY TRIAL WILL BEING ON THE DAY THE SUBSCRIBER IS FORMALLY IMPLEMENTED ON THE SERVICE.

*Your fax number is used to communicate to you. By providing your fax number, you are giving your written permission to receive subscription and other related information from "FETN" that may be of interest to you by fax. We will not share this information or use it for any other purpose. You may opt out of receiving faxes from us any time in the future.

Department Name _____

TWL Knowledge Group – Everybody Goes Home

Authorized Representative _____

Date _____

Authorized Representative _____

Date _____

Name _____

Phil Norris
Name

Title _____

Division Manager
Title

**Remittance address: TWL KNOWLEDGE GROUP INC
First National Bank Southwest, P.O. Box 30206, Omaha, NE 68103-0206
Tax ID # 20-2556798 Duns # 151109188**

Fire & Emergency Training Network
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