

LICENSE REGISTRATION FORM

Each Concept System project license is valid for one project. Each license includes:

- The use of one focus prompt
- One set of brainstormed statements
- Individual sorting data from your selected participants
- Individual rating data from your participants for each rating question

LICENSEE CONTACT INFORMATION

Name: _____ Title: _____

Organization: _____

Organization for which the project is being done, if different: _____

Address: _____

City: _____ State: _____ Country: _____ Zip: _____

Phone: () Email: _____

License Level: Commercial NFP * Graduate Student**

** If you are purchasing a non-profit license, please attach a Tax Exemption Form.*

*** If you are purchasing a Graduate Student license, please request a Graduate Student Acknowledgement Form.*

BILLING INFORMATION

Please fill out the following information if different from the contact information above.

Name: _____

Address: _____

City: _____ State: _____ Country: _____ Zip: _____

Phone: () Email: _____

PRODUCT OR SERVICE

Please **choose any** of the following to indicate the concept-mapping related product(s) or service(s) you are purchasing with this registration from CSI:

- | | |
|--|---|
| <input type="checkbox"/> CS Core® | <input type="checkbox"/> CS Global® - Platinum |
| <input type="checkbox"/> CS Global® - Silver | <input type="checkbox"/> License Plus sm |
| <input type="checkbox"/> CS Global® - Gold | <input type="checkbox"/> CS Global® Research Services |
| <input type="checkbox"/> Additional Participants | |

TYPE OF CLIENT/LICENSEE

Please **choose one** of the following that best describes the organization for whom this project is being conducted:

- | | |
|---|---|
| <input type="checkbox"/> Student | <input type="checkbox"/> Federal Government |
| <input type="checkbox"/> University / College | <input type="checkbox"/> Community Based Organization |
| <input type="checkbox"/> Foundation / Not for Profit Org. | <input type="checkbox"/> For Profit Corp. |
| <input type="checkbox"/> State Government | <input type="checkbox"/> Consultant / Consulting firm |
| <input type="checkbox"/> Local Government | |

PROJECT INFORMATION

What is the name of your project?

(Character limits, including spaces: 50 for a CORE license; 80 for a Global-level license)

What is your project description?

Where are you in the project cycle: Planning Data collection Data entry Analysis

How will you/did you collect your data: Group sessions - How many? CS Global web site
 Email Correspondence Mail Correspondence Interviews Other: please specify

What is your focus prompt?

What are the project rating scales?

Estimated number of participants for sorting and rating:

Who is responsible for data entry? Self Other, please specify

Project Geographic Scope

Please **choose one** of the following that best describes the geographical range of the participants/ stakeholders involved in this project:

- | | |
|--|--|
| <input type="checkbox"/> International | <input type="checkbox"/> County / Counties |
| <input type="checkbox"/> National (US) | <input type="checkbox"/> City / Town |
| <input type="checkbox"/> State | <input type="checkbox"/> Community |
| <input type="checkbox"/> Inter-State | <input type="checkbox"/> Organizational |

Primary Project Purpose

Please **choose one** of the following that best describes the primary purpose / desired intent of this project:

- | | |
|---|---|
| <input type="checkbox"/> Strategic Planning | <input type="checkbox"/> Needs Assessment |
| <input type="checkbox"/> Evaluation | <input type="checkbox"/> Program / Intervention Development |
| <input type="checkbox"/> Training or Curriculum Development | <input type="checkbox"/> Accreditation |
| <input type="checkbox"/> Research / Dissertation | <input type="checkbox"/> Partnership Training / Development |
| <input type="checkbox"/> Organizational Development | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Leadership Development | |

Primary Project Discipline/Topic Area

Please **choose one** of the following that best describes the discipline that this project is most closely associated with:

- | | |
|---|---|
| <input type="checkbox"/> Social / Human services | <input type="checkbox"/> Social sciences |
| <input type="checkbox"/> Education | <input type="checkbox"/> Natural / Environmental sciences |
| <input type="checkbox"/> Public health | <input type="checkbox"/> Physical sciences / Engineering |
| <input type="checkbox"/> Health professions | <input type="checkbox"/> Business / Human Resources |
| <input type="checkbox"/> Arts | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Urban & Community Development / Planning | |

TECHNICAL INFORMATION

The Concept System[®] operates on Windows 2000, XP, and Vista and in English characters. CS Global operates on Internet Explorer 7 and higher and Mozilla Firefox.

Other minimum requirements:

Intel Pentium II CPU or better
128MB RAM; 200 MB available disk space
5 GB hard drive

CS software DOES NOT function on Mac's virtual PCs, or Handheld Devices.
Additional memory and speed will enhance the use of the program.

Saving and backing up your project: Concept Systems, Inc. recommends that your project be routinely saved on an alternate device.

***The license must be initiated one year from the date of purchase.*

I certify that the above is accurate and true, that I have read and will abide by the CSI software License Agreement (attached), and that I will only use this license for the project specified above.

Signed:

Date:

Please complete and sign this form with a handwritten signature, then fax to CSI at 607-272-1215, mail it to Concept Systems, Inc., 136 E. State Street, Ithaca, NY 14850 (phone: 607-272-1206), or email to csiinfo@conceptsystems.com.