

ADAPTIVATION

I N C O R P O R A T E D

Two-Week Equipment Trial Program

Adaptivation is pleased to offer an equipment trial program for several of our devices. The purpose of this program is to allow our customers to evaluate the suitability of a given device to the customer's needs and requirements prior to potential purchase. It is not intended as a mechanism for borrowing equipment on a long-term basis. Units are available essentially on a first come, first served basis. Because there is a limited number of devices set aside for this program, we are not able to guarantee immediate shipment.

The form must be completed and returned to request a unit. It may be faxed or mailed to us at:

Adaptivation, Inc.
2225 W. 50th Street, Ste 100
Sioux Falls, SD 57105

phone: 800-723-2783
fax: (605) 335-4446
website: www.adaptivation.com

We will ship the equipment as soon as it is available. Following are the guidelines for the equipment trial program:

- Trial equipment is to be shipped back to Adaptivation within 14 days after you have received the unit. We make an allowance for shipping time before we start expecting units back, but when it becomes obvious that a unit has not been sent back promptly, we must assess a late fee of \$25.00 per week.
- The borrower is responsible for shipping costs. The shipping charge for a trial unit is \$12.00. A check, credit card or Purchase Order is required before we can ship your order.
- Return shipping arrangements are entirely up to the discretion of the borrower; However, we do recommend UPS or another trackable method. Insurance is not required but is a good idea since the borrower is liable for the product until it is received by Adaptivation.
- You may select up to 2 devices from the list. If you would like more than 2 devices, you may make a separate request after returning any previously received trial equipment.
- In addition to trial devices, Taction Pads, Pal Pads and Flexible Switches are now available for use with a communication aid. Quantities are limited to a total of 2 Taction Pads/Pal Pads per request.

_____ **Chipper (CH-ME)**

_____ **Randomizer (RAND)**

_____ **Flexible Switch (FLX-SET)**

_____ **RAT indicate PC or MAC (RAT)**

_____ **FreeHand (FH-SK)**

_____ **Sequencer (SE-ME)**

_____ **FreeSwitch Max (FSM-100)**

_____ **SwitchBoard (SWBD)**

_____ **Lex (LEX)**

_____ **Switch Scanner (SWSC)**

_____ **LinkSwitch (DLT-202)**

_____ **Taction Pad (TPAD)**

_____ **Pal Pad (PAL)**

_____ **VoicePal 8K (VP-8K)**

_____ **Pneumatic Switch (PNSW)**

_____ **VoicePal Levels (VP-M17)**

_____ **Dipsy (DIP)**

_____ **Bright Box (BBX)**

_____ **Bright Box Tactile (BBXT)**

_____ **Tek Pal UTR (TKPL-M)**

_____ **TableTapper (TTPR)**

Ship To: _____

_____ **Check enclosed**

_____ **Purchase Order Enclosed**

Phone: _____

_____ **Credit Card:**

___ **MasterCard**

___ **Visa**

___ **American Express**

Bill To: _____

Card number: _____

Exp. Date: _____

Security Code: _____

Phone: _____

Name on card: _____

Notes:

I hereby request the two-week use of Adaptivation, Inc. equipment and agree to the guidelines established on this form.

Signature: _____

Title: _____ **Date:** _____