

PROJECT REGISTRATION FORM

Submitted By: _____ Date Submitted: ____/____/____

Company Representing: _____

Estimated Project Completion Date: ____/____/____

Project Name: _____

Customer Name: _____

Project Address:

Address1 _____

Address2 _____

City _____ State _____ Zip _____

Customer Contact: _____

Project Description: (Library, Computer Lab, Scope, etc.)

Estimated Value of Project: \$ _____

Estimated Bid or Decision Date: ____/____/____

Architect, Designer or Construction Manager Information: (if any)

To be completed by mediatechnologies®

Approved by:

Name: _____

Signature _____

Title _____

Date of Approval ____/____/____

Note: In order to preserve this project registration the register must actively work the project and specify mediatechnologies products. As determined by mediatechnologies, failure to comply with these terms may result in the cancellation of this registration.

FAX COMPLETED FORM TO: 231-861-6678