

IIN Trial Fax Back Form

Please fill out the form for trial request. After receiving it, we **will contact you.**

Name

<i>Mr., Ms., Dr., etc</i>	<i>First Name</i>	<i>Last Name</i>

Organization

<i>Name</i>	<i>Department</i>	<i>Position</i>

Contact Information

<i>Address:</i>	<i>Phone:</i>	
	<i>Fax:</i>	
	<i>Email:</i>	

I would like to receive trial in the following subject area(s):

<i>Subject</i>	<input checked="" type="checkbox"/>	<i>Subject</i>	<input checked="" type="checkbox"/>
<i>Science-General</i>	<input type="checkbox"/>	<i>Business & Management</i>	<input type="checkbox"/>
<i>Pure Science (Math, Chem., Phys., ...)</i>	<input type="checkbox"/>	<i>Social Science & Humanities</i>	<input type="checkbox"/>
<i>Engineering & Technology</i>	<input type="checkbox"/>	<i>Art & Architecture</i>	<input type="checkbox"/>
<i>Medical & Pharmacology</i>	<input type="checkbox"/>	<i>General Reference & Library Tools</i>	<input type="checkbox"/>
<i>Food & Agriculture</i>	<input type="checkbox"/>	<i>Newspaper & Periodical</i>	<input type="checkbox"/>

Do you have access to Internet? Yes ☐ No ☐

Requested Form of Trial CD-ROM ☐ Internet ☐

Proposed Approximate Starting Date:

Day		Month		Year	
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You could also Fax the completed form using the following Fax Number:

+971-4-391-2270

