

GENERAL ENQUIRY & BOOKING FORM

Please complete and fax back to Phoenix AV on

0195; '422689

CONTACT DETAILS

Contact Name: _____ Establishment: _____

Address: _____

Postcode: _____

Telephone: _____ Fax: _____

Email: _____

Heard of Phoenix from: Dealer / Distributor Advert Colleague Other Source

EQUIPMENT HELD

IWB currently Held: No. _____ x _____ (brand / model)

No. _____ x _____ (brand / model)

Bought From (Dealer): _____ Date (mm/yy) _____

TRAINING

I am interested in training – please send more details

I wish to book a training course

On-Site at the following location: _____

Equipment to be trained on: _____ Software Version _____

PC Operating System: _____ No Trainees: _____

1st Preferred Date _____ am / pm (circle as req)

2nd Preferred Date _____ am / pm (circle as req)

Please call to arrange dates

Please call me to discuss multiple training

CONSULTATION

I would like advice about the different technologies and their capabilities – please call

I am interesting in additional equipments. Please call to discuss the following:

Interactive Whiteboards

Data Video Projectors

Networked Digital Signage

Control Systems

Video Conferencing

Visualisers / Document Cameras

Response / Voting Systems

Portable / Mobile systems

Other Equipments

COMMENTS
