



Annual Technical Support Plan Form

Contact Person _____

Project Director _____

Program TS UB EOC VUB UBMS SSS McNair Other _____

University/College _____

Address _____

City _____ State _____ Zip _____

Phone (____) _____ Fax (____) _____

Email Address: _____

\$399.00 / year/program (If support plan has not expired or has expired within last 60 days)

Annual Plan will be renewed for a period of 1 Year from the date of expiration of the plan

Please contact us, if your support plan has been expired for more than 60 days.

Note: You shall be informed about any updates made by the Department of Education and any new versions of BLUMEN released by COMPANSOL. **All prices are subject to change without prior notice.**

Contact us if you wish to renew your support plan for more than 1 year.

We understand that the Plan will be effective from the date COMPANSOL receives this form.

Check# _____ Purchase Order# _____
(please attach copy of PO)

Credit Card # _____ Exp. Date _____ CV2 Code _____

Name of Card Holder _____ Sign. of Card Holder _____

Email of Card Holder _____ Ph # of Card Holder _____

Director's Signature _____ Date _____ Promotion Code _____