



Compansol

Computer Analysis & Solutions

BLUMEN Annual Technical Support Plan Form

Contact Person _____

Program Director _____

Program TS UB EOC VUB UBMS SSS McNair Other _____

University _____

Address _____

City _____ State _____ Zip _____

Phone (____) _____ Fax (____) _____

Email _____

\$399.00 per year/ per program **X** _____ Year(s) = \$ _____

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.**

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 _____ Promo Code _____