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Schedule A

LICENSEE

Licensee (Bill To)	
Agent (Authorizing Person's Name)	
Company Name	
Address	
City	
State	
Zip Code	
Phone	
Fax	
Contact Person	
Contact Person's Email	
Items E-mail (where items report will be sent) if different from above	

LICENSED CONTENT

Electronic Flinn Performance Screening Tool (E-FPST) contains 301 photographs depicting daily activities titled in both English and Spanish, corresponding rating form and an electronic report depicting client identified problem items.

LICENSE TERM

TERM: 1 year(s), Start Date ___/___/___ End Date ___/___/___ beginning from date of receipt of Schedule A and full payment.

LICENSE FEES

BASE FEE: Licensee agrees to pay the sum of \$200.00 as a fee for access to the online database specified above. Each additional cost center or department requires an additional License Fee.

TOTAL LICENSE FEE \$ _____

LICENSES

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Please list each site (i.e. clinic, department, cost center, etc.) to be licensed below.

Note: It is imperative that you list any/all sites below for which you wish to license access.

Department/Cost Center Name	Primary Contact Name	Primary Contact Telephone Number and Email Address	Items E-mail (where items report will be sent)

The information requested within Schedules A is required to properly authenticate your account.