

REGISTRATION FORM

Please complete the form below and email it to fishx@itxmedia.co.za. We will process your registration and contact you as soon as possible.

*Name And Surname: _____

ADDRESS

*Street: _____

*Suburb: _____

*City: _____

*Code: _____

*Contact Number: _____

*Email address: _____

PLEASE COMPLETE ALL FIELDS BELOW

*How did you hear about fishX: FACEBOOK
 FISHX WEBSITE
 A FRIEND
 OTHER

*Choose a fishX edition: PRO EDITION
 LITE EDITION

(NB: You can check the system version at the top of the evaluation screen on the fishX software.)

*Choose your system version: 32 BIT SYSTEM
 64 BIT SYSTEM

*Choose number of users: PRO EDITION: 1 USER @ R300 PER UNIT
 PRO EDITION: 2 USERS @ R330 PER UNIT
 LITE EDITION: 1 USER @ R240 PER UNIT
 LITE EDITION: 2 USERS @ R270 PER UNIT

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SOFTWARE USERS (This section must be completed)

FIRST FISHX USER DETAILS

*Name And Surname: _____

*Gender: MALE
 FEMALE

*Group: JUNIOR
 SENIOR
 VETERAN

*Date Of Birth: _____ / _____ / _____
 YYYY MM DD

SECOND FISHX USER DETAILS

Complete this section only if you selected 2 users for your software.

*Name And Surname: _____

*Gender: MALE
 FEMALE

*Group: JUNIOR
 SENIOR
 VETERAN

*Date Of Birth: _____ / _____ / _____
 YYYY MM DD

By signing this form you agree that all the information supplied are correct and true.

*Signed At (City): _____

*Date: _____ / _____ / _____
 YYYY MM DD

*Signature: _____