



CPS 30-DAY LOANER UNIT POLICY
POTENTIAL CUSTOMER AGREEMENT



Potential Customer Information

Name of Institution: _____ Date: _____
Address: _____
City/State/Zip: _____
Contact Person: _____ Title: _____
Work Phone: _____ Cell Phone: _____
Fax #: _____ E-Mail: _____

Product Requested (check one): [] CPS __ pads [] Bookstore Model __ serial pads

eInstruction contact: Amy Jones amy.jones@einstruction.com 208-602-2661/fax 208-898-5012

Note: cc: all required e-mails to emilym@einstruction.com

Statement

I confirm that my employer and I are fully aware of the following responsibilities and policies associated with the Classroom Performance System (CPS) evaluation system provided by eInstruction:

Responsibilities:

- 1. To e-mail the eInstruction contacts provided on this form
a. when the system is received,
b. if there is difficulty setting up or using the system, and
c. to provide a summary of my evaluation experience.
2. To return the system no more than 30 business days after it has been received.

It is understood that failure to abide by the contact requirements or return deadlines can result in my employer being billed for the CPS loaner unit.

Date: _____ Signature: _____

For Office Use Only Date Rec'd _____ Initials _____