# **GREEN’S PUBLISHING: FREE TRIALS FORM**

|  |  |
| --- | --- |
| **Name of Psychologist/Doctor:** |  |
| **Institution:** |  |
| **Shipping Address:**  |  | **Suite:** |  |
| **City:**  |  | **State / Province:**  |  |
| **Zip / Postal Code:** |  | **Country:** |  |
| **Phone:** |  | **Fax:** |  |
| **Email of Psychologist/Doctor:**  |  |
|  |
|

|  |
| --- |
| **Professional Credentials**  |
|  Registration/License Number: |  |
| Registered State/Province/Country/Organization: |  |
|  Highest Degree Attained: |  |
|  Major Field: |  |
|  |  |

 |
|  | **Test Name** | **Trial Details** | **More Info** | **Operating System\*** |
| [ ]  | **Green’s WMT** | **1 Week Unlimited Use** | **Word Memory Test**Only available to licensed Psychologists | **Windows** |
| [ ]  | **Green’s MSVT** | **3 Administrations** | **Medical Symptom Validity Test** | **Windows** |
| [ ]  | **Green’s NV-MSVT** | **3 Administrations** | **Non-Verbal Medical Symptom Validity Test** | **Windows** |
| [ ]  | **Green’s AI** | **3 Interpretations** | **Advanced Interpretation**Interpretation of WMT, MSVT, NV-MSVT and MCI Results | **Windows** |
| [ ]  | **Green’s EPT** | **5 Administrations** | **Emotional Perception Test** | **Windows** |
| [ ]  | **Green’s MCI** | **2 Weeks Unlimited Use** | **Memory Complaints Inventory** | **Windows** |

**SEND FORM: BY EMAIL:** **GreensPublishing@gmail.com**BY FAX: (236) 420-4891

BY MAIL: #105, 1726 Dolphin Avenue, Kelowna, British Columbia, V1Y 9R9, Canada