# **GREEN’S WORD MEMORY TEST RENEWAL FORM**

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| **Name of Psychologist:** | | | | | | |  | | | | | | | |
| **Institution:** | | |  | | | | | | | | | | | |
| **Street Address:** | | | |  | | | | | | | | | **Suite:** |  |
| **City:** |  | | | | | | | **State / Province:** | | | |  | | |
| **Zip / Postal Code:** | | | | |  | | | | **Country:** | |  | | | |
| **Phone:** | |  | | | | | | | **Fax:** |  | | | | |
| **Email of Psychologist:** | | | | | |  | | | | | | | | |
| (Necessary to provide you with updates & access to our “Green’s Tests” User group email list / list serve) | | | | | | | | | | | | | | |

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| **Green’s Word Memory Test for Windows Renewal**  (includes one year unlimited use of one Word Memory Test license, free updates, membership of “Green’s Tests” User group email list / list serve, and free support) | **$180 US** | | |
| **Number of licenses to renew: (one license is valid for one Psychologist on two computers)** | **x** |  | **license(s)** |
| **Number of years to renew for: (max two years)** | **x** |  | **year(s)** |
| **TOTAL: $** | |  | **U.S.** |

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| **Cheque enclosed payable to: GREEN & KRAMAR ACT LTD.** |
| **Money will be transferred via wire to bank (*for European customers)- Please note there is a $15.00 (US) fee for wire transfers*** |

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| **☐Send an invoice*-Please note we will not provide any products until we receive payment*** |

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