

\$222

Sibelius 7 - Crossgrade

Application for registered Encore/Finale users

Music Education Network
PO Box 1013
Blackwood SA 5051

Please fill out all parts of this application *in advance* of purchasing your Sibelius Crossgrade. (BLOCK letters please).

APPLICANT'S DETAILS

Mr/Mrs/Miss/Ms/Dr/other:	Name:		
Organisation:	Dept/Position:		
Address (street):			
City:	State:	Postcode:	
Phone (day):	Phone (eve):	Fax:	
Email Address:			

YOUR PRESENT SOFTWARE: **Encore** **Finale**

Serial or Registration Number(s) of present software:

DECLARATION:

I have attached the manual cover from my original software (i.e. Encore/Finale).

I confirm that I/my organisation am/is a registered user of the software as claimed.

Signed: _____ Date: _____

Conditions:

1. This voucher when completed by a confirmed user of Finale or Encore software entitles the applicant to purchase Sibelius 7 at the special crossgrade price of \$222.
2. Individuals are entitled to purchase 1 copy only of Sibelius under this offer.

(When ordering, Schools or Educational Institutions must attach a purchase order)

<input type="checkbox"/> School Account <i>(Schools and Educational Institutions only)</i>
<input type="checkbox"/> Music EDnet educator account <i>(for educators registered with Music EDnet ... call for details.)</i>
<input type="checkbox"/> Cheque attached payable to "Music Education Network"
OR Please charge credit card: <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Diners Club <input type="checkbox"/> Amex
Card No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Expiry Date/.....
Card Holder's Name
Card Holder's Signature
Mail or Fax completed form to Music Education Network.



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