

# NEO 2 In-School Evaluation Program

## Application and Agreement

The NEO 2 Evaluation program has been designed to give educators an opportunity to experience NEO in their own environment. Please complete this form and fax it to 214-596-9280.



Applicant Name: \_\_\_\_\_

Principal's Name: \_\_\_\_\_

School: \_\_\_\_\_

District: \_\_\_\_\_

Shipping Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

### I would like to evaluate the following Product for 30 days at my school (choose one):

- NEO 2 and Renaissance Receiver (a \$298 value)
- NEO 2 and Renaissance Receiver with Text2Speech and Co:Writer (a \$498 value)

### Terms of agreement:

1. Renaissance Learning will provide the applicant noted above (Applicant) with the product bundle noted above including all necessary peripherals and software ("Product") and pay necessary shipping and handling charges.
2. Applicant will contact their Renaissance Learning sales representative:
  - o When the Product is received.
  - o For support in setting up and using the Product.
  - o To provide feedback on the evaluation experience.
3. Applicant may use the Product for 30 days from receipt ("Evaluation Period"). At the end of the Evaluation Period, Applicant will ship the Product back at the Applicant's expense (typically \$8 - \$12).
  - o Applicant should call 800-338-4204 for instructions on how to return the Product.
4. If the Product is not returned in good working condition at the end of the Evaluation Period, the Responsible Party below agrees to pay for the Product at the value price indicated above.

I agree to the Terms of Agreement noted above:

Principal/Administrator Signature: \_\_\_\_\_

If not returned after 30 days, as the Responsible Party I agree to pay for the Product using the following payment method:

- School PO
- Credit Card (check one):  VISA     MC     Amex     Discover

Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_ Exp (mm/yy): \_\_\_\_\_ 3-digit code: \_\_\_\_\_

Signature: \_\_\_\_\_

### For Renaissance Learning Use Only

RLI Customer ID Number	
RLI Incident Number	
RLI Sales Representative	Name:
	Phone:
	Fax:
	Email:
	Signature:
	Date: