

NVDIMM SAMPLE REQUEST FORM

Name: _____

Title: _____

Company: _____

Address: _____

E-mail: _____

Phone: _____

I am interested in receiving NVDIMM samples for further testing. You have my permission to provide the information above to vendors participating in the sample program for follow-up.

Signature: _____

Date: _____

Complete and send this form to jimf@thedecisionplace.com