**PROJECT ACTIVATION FORM**

Each Concept Systems project license is valid for one project (excluding Annual License). Each license includes:

* The use of one focus prompt
* One set of brainstormed statements
* Individual sorting data from your selected participants
* Individual rating data from your participants for each rating question
* Analysis tools to create Group Concept Maps

### PROJECT ADMINISTRATOR INFORMATION

Name:       Title:

Organization:

Organization for which the project is being done, if different:

Address:

City:       State:       Country:       Zip:

Phone: (       )       Email:

### License Level: Commercial NFP \* Graduate Student\*\*

*\* If you are purchasing a non-profit license, please include a Sales Tax Exemption Form.*

*\*\* If you are purchasing a Graduate Student license, please request a Graduate Student Acknowledgement Form.*

### BILLING INFORMATION

Please fill out the following information if different from the contact information above.

Name:

Organization:

Address:

City:       State:       Country:       Zip:

Phone: (       )       Email:

**PRODUCT OR SERVICE**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| *Please* ***choose any*** *of the following to indicate the Group Concept Mapping-related product(s) or service(s)*  *you are purchasing with this registration:* | | | | | |  |
| CS Global MAXTM | | CS Global MAXTM – Annual License | |
| CS Global MAXTM – Gold | | CS Global MAXTM – Gold Annual License | |
| CS Global MAXTM – Research Essentials | | CS Global MAXTM – Additional Participants | |
| Planning, Design & Management | |  | |
| Project Data Analysis & Utility | |  | |

**PROJECT INFORMATION**

1. What is the name of your project?

*(An 80 character limit applies including spaces):*

1. What is your project description?

**FACILITATOR INFORMATION**

*Please indicate your experience level with Group Concept Mapping:*

First Project  Beginner  Advanced

*Please note any training you have received in Group Concept Mapping:*

*Please* ***choose all*** *of the following that best describes how you found Concept Systems, Inc.:*

Website  Webinar  Consulting  Conference  Word-of-Mouth  Training  Workshop

Publication  Project Participation  University  Other (Please Specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### TECHNICAL INFORMATION

CS Global MAXTM operates on the latest versions of Internet Explorer, Firefox, Chrome, and Safari.

**I certify that the above is accurate and true, that I have read and will abide by the CSI software License Agreement(s), and that I will only use this license for the project specified above.**

#### Signed:       Date:

Please complete and sign this form with a *handwritten signature*, then provide to Concept Systems via:

* **Fax**: 607-272-1215;
* **Email a PDF**: [csiinfo@conceptsystems.com](mailto:csiinfo@conceptsystems.com); or
* **Mail:** Concept Systems, Inc., 136 E. State Street, Ithaca, NY 14850