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SYSTÈME  
FORÊT inc.  
Les spécialistes de la  
géomatique en foresterie

## PURCHASE ORDER IPS PRESCRIPTION FOR ARCGIS

		Nombre	Tarif	Total
<b>For Windows :</b> - XP - Vista - 7  (32 or 64 bits)	Principal license of IPS Prescription for ArcGIS, Include 1 year of maintenance (200\$ value)		750 \$	
	Secondary license of IPS Prescription for ArcGIS, Include 1 year of maintenance (100\$ value)		375 \$	
	Maintenance reactivation (duration 1 year) for a principale license of IPS Prescription for ArcGIS		375 \$	
	Maintenance reactivation (duration 1 year) for a secondary license of IPS Prescription for ArcGIS		195 \$	
	Principale license migration of IPS Prescription for ArcView GIS 3.x, Include 1 year of maintenance (200\$ value)		375 \$	
	Secondary license migration of IPS Prescription for ArcView GIS 3.x, Include 1 year of maintenance (100\$ value)		195 \$	
<b>For Windows Server :</b> - 2000 - 2003 - 2008  (32 or 64 bits)  or Citrix	Principale license of IPS Prescription for ArcGIS, Include 1 year of maintenance (495\$ value)		1,995 \$	
	Secondary license of IPS Prescription for ArcGIS, Include 1 year of maintenance (295\$ value)		995 \$	
	Maintenance reactivation (duration 1 year) for a principale license of IPS Prescription for ArcGIS		995 \$	
	Maintenance reactivation (duration 1 year) for a secondary license of IPS Prescription for ArcGIS		495 \$	
	Principale license migration of IPS Prescription for ArcView GIS 3.x, Include 1 year of maintenance (495\$ value)		995 \$	
	Secondary license migration of IPS Prescription for ArcView GIS 3.x, Include 1 year of maintenance (295\$ value)		495 \$	
Administration fees for activation of a license without maintenance.			50 \$	
<b>Total (before taxes and / or rebate if applicables) :</b>				

Company or organism :			
First and last name of the user			
Address			
City		Province	
Postal code		Phone	
Order number		Fax	
Email			

**SIGNATURE :**

*By this signature I confirm that I have read the relating rights for the licenses ordered in this form and I engage my self and my organization to respect them. (See next page)*

TO ORDER : SIGN AND RETURN THIS FORM BY FAX AT (418) 531-1654 OR EMAIL AT [INFO@GSF.QC.CA](mailto:INFO@GSF.QC.CA)

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