



IMPRINT User Information Form



This form is to be completed by each individual user of IMPRINT. Please save the form and email as an attachment back to IMPRINT-info@arl.army.mil.

Today's Date:		Have you previously received IMPRINT from ARL?	
What branches of the federal government will you support using IMPRINT?			
Please provide a brief explanation of how you will use IMPRINT.			
Company or Organization Name			
Department Name			
Title	First Name	Middle Initial	Last Name
Work Mailing Address			
City		State	Zip Code
Telephone Number		Email Address	
Would you like to be added to the IMPRINT User's Listserv?			
On what version of Microsoft Windows will you install IMPRINT? (Windows 2000 or XP)			
At this time, does your organization support Windows Vista?			
Are you a citizen of the United States?			
Are you an employee of the US federal government?			
IF YOU ARE NOT A GOVERNMENT EMPLOYEE, PLEASE COMPLETE THE INFORMATION BELOW.			
What is the Primary Government Contract Number?			
Please provide the following information for your Government Point of Contact.			
Title	First Name	Middle Initial	Last Name
Telephone Number		Email Address	