DPV[®] Key Personnel

LICENSING CONTACT: (Primar	y contacts for licensing i	ssues)	
Company Name:			
Address:			
City:	State:		ZIP+4: _
Phone: () -			FAX: () -
Primary Contact:	_		
Phone: () -		Email:	
Alternate Contact 1:			
Phone: () -		Email:	
Alternate Contact 2:			
Phone: () -		Email:	
SITE CONTACT: (Primary conta	cts for operational issue	s)	
•	'		
Address:			
City:	State:		ZIP+4:
Phone: () -	Ext:		FAX: <u>() -</u>
Phone: () -		Email:	
Alternate Contact 1.			
Phone: () -		Email:	
Phone: () -		Email:	
MEDIA CONTACT: (Primary cor	ntacts for DVD fulfillment)	
Company Name:			
Address:			
City:	State:		ZIP+4:
Phone: () -	Ext:		FAX: () -
Primary Contact:			
Phone: () -		Email:	
Alternate Contact 1:			
Phone: () -		Email:	
Alternate Contact 2:			
Phone: () -		Email:	

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DPV[®] Key Personnel

TECHNICAL CONTACT: (Primary of	contacts for technical	l issues)	
Company Name:			
Address:			
City:	State:		ZIP+4: -
Phone: () -	Ext:		FAX: () -
Primary Contact:			
Phone: () -		Email:	
Alternate Contact 1:			
Phone: () -		Email:	
Alternate Contact 2:			
Phone: () -		Email:	
MARKETING CONTACT: (Informat	ion to be posted on l	JSPS RIBBS	Website TYES NO)
Company Name			
Company Name: Address:			
City:	State:		ZIP+4:
Phone: () -	Ext:		FAX: () -
Primary Contact:			FAX. () -
Phone: () -		Email:	
Alternate Contact 1:		LIIIaII	
Phone: () -		Email:	
Alternate Contact 2:		LIIIaII	
Phone: () -		Email:	
Company Web site:		Liliali	
Customer Service Email:			
Customer Service Phone:			
Customer dervice i none.			
BILLING CONTACT: (Primary contact)	acts for billing issues	s)	
Common Name			
Company Name:			
Address:	01-1-		710.4
City:	State:		ZIP+4: -
Phone: () -	Ext:		FAX: <u> () - </u>
Primary Contact:		F 2	
Phone: () -		Email:	
Alternate Contact 1:			
Phone: () -		Email:	
Alternate Contact 2:			
Phone: () -		Email:	

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