

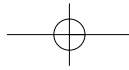
Appendix Two



User Service

Appendix Two

DigiCom
2000



Warranty

One Year Limited Warranty and Service Policy

Merchandise purchased from Sym Systems Corporation shall be warranted for a period of one (1) year from the date of shipping. This warranty shall apply to defects in materials and workmanship. During the warranty period, the merchandise will be repaired or replaced without charge for parts, labor, or return shipping to the purchaser.

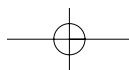
An extended service contract may be purchased beyond the one year limited warranty period, at 8% of the system cost per year. Merchandise not covered under a service contract or limited warranty can be serviced by Sym Systems, but the purchaser will be billed for replacement parts, labor, and shipping.

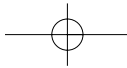
It is the purchaser's responsibility to return defective equipment to the Sym Systems service center, including any postage, insurance, and shipping charges incurred therein.

If the merchandise purchased from Sym Systems is damaged in shipping, a claim should be filed with the carrier.

If there is a reason to believe merchandise is in need of warranty repair, contact the Technical Service Department at (408) 456-0133 for a Return Merchandise Authorization Number (RMA#) before you return the unit.

Items returned for repair should be packed in the original box with inserts if they are in good shape, or in equivalent materials.





Product Registration Card:

Using this form or a photocopy, please fill out the information below to register your DigiCom™ for warranty service:

Name of purchaser: _____ Phone: (____) _____

Name of user (if different): _____ Phone: (____) _____

Address: _____

City: _____ State: _____ Zip: _____

Date of purchase _____, 199____ from (Rep. name): _____

Model: _____ Serial number: _____ Message Capacity: ____min.

Mail to:

Sym Systems Corporation
2245 Fortune Drive, Suite A
San Jose, CA 95131
1-408-456-0133

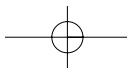
Appendix Two

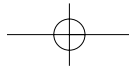
Questionnaire:

Please help us to serve you better by answering the following survey questions:

- | | |
|---|--|
| <p>1. Who purchased this DigiCom:</p> <ul style="list-style-type: none"> <input type="checkbox"/> private individual <input type="checkbox"/> rehabilitation hospital <input type="checkbox"/> school <input type="checkbox"/> hospital <input type="checkbox"/> evaluation center <input type="checkbox"/> childrens' hospital <input type="checkbox"/> university <input type="checkbox"/> medical school <input type="checkbox"/> speech therapist <input type="checkbox"/> nursing home <input type="checkbox"/> vocational rehabilitation center <input type="checkbox"/> non-profit organization <input type="checkbox"/> state <input type="checkbox"/> demo <input type="checkbox"/> resource center <input type="checkbox"/> other _____ | <p>2. What is the source of funding:</p> <ul style="list-style-type: none"> <input type="checkbox"/> federal government <input type="checkbox"/> state/provincial government <input type="checkbox"/> Blue Cross/ Blue Shield <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> trust <input type="checkbox"/> charity <input type="checkbox"/> demo <input type="checkbox"/> other insurance _____ <input type="checkbox"/> non-profit organization <input type="checkbox"/> hospital <input type="checkbox"/> unknown <input type="checkbox"/> same as the purchaser <input type="checkbox"/> other _____ |
|---|--|

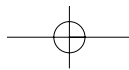
(questionnaire continued on next page)





Questionnaire (cont.):

3. Type of disability or disabilities of individuals with which this device will be used:
- cerebral palsy
 - quadraplegia
 - muscular dystrophy
 - head injury
 - stroke
 - mental retardation
 - ICU/CCU
 - ALL
 - ALS
 - other _____
4. Type of selection method
- touch
 - visual/scan
 - auditory scan
 - joystick
5. Age group of the user:
- child (under 18)
 - adult (18 and older)
6. How many people will be using this DigiCom:
- individual
 - group: how many: _____
7. What best describes your role in the decision to purchase this product:
- sole responsibility
 - shared responsibility
 - recommendation only
 - not very influential
8. How would you rate the service provided with this product:
- very satisfied
 - moderately satisfied
 - satisfied
 - not very satisfied
 - very dissatisfied
9. How did you hear about the DigiCom?
10. Do you have any other Sym Systems products?
11. Do you know of anyone else who might benefit or might be interested in these products? Please list them below:
12. Additional comments:





OVERLAY ORDER FORM

User's Overlays	1 x 2	<input type="text"/>	X 1.25	<input type="text"/>
	1 x 3	<input type="text"/>	X 1.25	<input type="text"/>
	2 x 4	<input type="text"/>	X 1.25	<input type="text"/>
	2 x 6	<input type="text"/>	X 1.25	<input type="text"/>
	4 x 8	<input type="text"/>	X 1.25	<input type="text"/>
	4 x 8 A B C D E	<input type="text"/>	X 1.25	<input type="text"/>
	4 x 12	<input type="text"/>	X 1.25	<input type="text"/>
	4 x 12 A B C D E	<input type="text"/>	X 1.25	<input type="text"/>
	4 x 12 Q W E R T Y	<input type="text"/>	X 1.25	<input type="text"/>
Programmer's Overlays	1 x 2	<input type="text"/>	X 1.25	<input type="text"/>
	1 x 3	<input type="text"/>	X 1.25	<input type="text"/>
	2 x 4	<input type="text"/>	X 1.25	<input type="text"/>
	2 x 6	<input type="text"/>	X 1.25	<input type="text"/>
	4 x 8	<input type="text"/>	X 1.25	<input type="text"/>
	4 x 8 A B C D E	<input type="text"/>	X 1.25	<input type="text"/>
	4 x 12	<input type="text"/>	X 1.25	<input type="text"/>
	4 x 12 A B C D E	<input type="text"/>	X 1.25	<input type="text"/>
	4 x 12 Q W E R T Y	<input type="text"/>	X 1.25	<input type="text"/>
Complete set of overlays		<input type="text"/>	X 18.60	<input type="text"/>
Calibration overlay		<input type="text"/>	X 1.25	<input type="text"/>
Shipping and Handling (overlays)			X 1.12	<input type="text"/>
DigiCom Handbook		<input type="text"/>	X 32.00	<input type="text"/>
Shipping and Handling (manual)		<input type="text"/>	X 3.90	<input type="text"/>
Total Order (including S&H)				<input type="text"/>
<p><i>Please allow 2 to 4 weeks for delivery from receipt of this order form. Please include a check or money order in U.S. dollar amounts only. CA residents add 8.25% sales tax.</i></p>				

Appendix Two

DigiCom

Overlay Order Form (cont.)

Fill out the order form on the back, indicating quantities of each overlay and/or sets and handbooks and subtotal the amount for each product. Include shipping and handling – \$1.12 per order for overlays, and \$3.90 for each DigiCom handbook ordered. California residents add 8.25% sales tax. Total the cost of the order and enclose a check or money order for that amount with the order form. Please do not send cash. To speed up delivery, you may order by faxing this order form along with an authorized purchase order.

Allow 1 to 2 weeks for delivery in the United States; 4 to 6 weeks for international orders.

Write your name and address on this side of the form and mail to:

SYM SYSTEMS CORP.

2245 Fortune Drive, Suite A

San Jose, CA 95131

Phone: 1-408-456-0133

Fax: 1-408 456-0134

Appendix Two

Name _____

Street Address _____

Apartment/P.O. Box _____

City _____

State _____ **Zip Code** _____

Phone Number (____) _____