

## Polycom Standard Demonstration Program – Eligible Products

**Note: Video and Infrastructure Demo Equipment bundle purchases are limited to one per demo facility.**

NST: 2011-09-66156

PGS NST: 2005-08-02373

### Distributor or Direct Channel Partner

Contact Name \_\_\_\_\_

Partner Company Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

### Demo Facility Details

Contact Name \_\_\_\_\_

Partner Company Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

### Demo Products and Services Purchased (the following information is required)

Product Name \_\_\_\_\_ SKU \_\_\_\_\_ Quantity \_\_\_\_\_

Product Name \_\_\_\_\_ SKU \_\_\_\_\_ Quantity \_\_\_\_\_

Product Name \_\_\_\_\_ SKU \_\_\_\_\_ Quantity \_\_\_\_\_

Product Name \_\_\_\_\_ SKU \_\_\_\_\_ Quantity \_\_\_\_\_

Product Name \_\_\_\_\_ SKU \_\_\_\_\_ Quantity \_\_\_\_\_

*I have read and agree to the terms and conditions for the Polycom Demo Equipment Program. We further agree to use the demo equipment at one or more of our demo facilities for customer demonstration purposes and will not resell the equipment per the terms on the program overview document.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

*(Refer to the Demo Equipment Program overview for complete details and terms and conditions)*

Polycom Channel Account Manager Name \_\_\_\_\_

Polycom Channel Account Manager Signature \_\_\_\_\_

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