

# MICROCAD Managed Services Program

## INFORMATION REQUEST FORM

First Name:

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Last Name:

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Company Name:

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Contact Email:

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Please retype email:

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Address:

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City:

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Postal Code:

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Phone Number:

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Website:

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Number of Servers:

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Number of Workstations:

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Number of Mobile Devices:

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Comments:

Please fill this form, save it and send it as attachment to [mkhan@microcad.ca](mailto:mkhan@microcad.ca).  
An associate from MICROCAD Managed Services Program will contact you soon.

