



Motorola FLEXsuite Protocol Licensing Application

Contact Name: _____
Title: _____
Company Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____
E-mail: _____ Web site: _____

Please provide a brief description detailing how you will use the FLEXsuite protocol.

Payment Information

Fee: \$30.00 AAPC member \$500 non member

Check enclosed for (please make checks payable to AAPC): \$ _____

VISA MasterCard

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