



**APPLICATION FORM – 30 DAY FREE TRIAL**  
***A SIGN OF RESPECT: Strategies for Effective Deaf/Hearing Interactions***  
PLEASE PRINT CLEARLY  
Fill out this form completely and submit it to:  
TREEHOUSE VIDEO LLC P.O. BOX 23615 PLEASANT HILL, CA 94523-0615  
PHONE or FAX TOLL FREE: 1-888-251-2331

**FILL OUT THIS FORM and send by email attachment to: [asor@treehousevideo.com](mailto:asor@treehousevideo.com)**

TODAY'S DATE \_\_\_\_\_

NAME \_\_\_\_\_

INSTITUTION \_\_\_\_\_

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

TELEPHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

By signature below, I understand and agree to the following terms:

1- I will be allowed access to the new "A Sign of Respect: Strategies for Effective Deaf/Hearing Interactions" online program for thirty days. I understand I cannot make copies of the videos in the program in any manner whatsoever.

2 - I can view and print out the exercises in the program for evaluation purposes. I understand I cannot make more than one copy of each of these files.

3 - If I decide to incorporate this program into my curriculum, I will make an order, or have my school bookstore make an order for at least ten student access codes to the program. If I do this before the expiration date, my trial access will become permanent. If not, it will expire and I will no longer have access to the program.

I understand and agree to these terms.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date