



LCDiXRay

LCDiXRay: Request Form

Title: _____ First Name: _____ Surname: _____

Institution: _____

Address: _____

Country: _____

Email Address: _____

- ☐ I agree to enter the mailing list to automatically received updated versions of LCDiXRay or any other information regarding LCDiXRay
- ☐ I agree not to use LCDiXRay for any commercial purposes
- ☐ I agree not to incorporate LCDiXRay into any product without prior permission from the authors
- ☐ *I am aware that LCDiXRay is provided "as is", without warranty of any kind, express or implied, including but not limited to the warranties of merchantability, fitness for a particular purpose and noninfringement. In no event shall the authors or copyright holders be liable for any claim, damages or other liability, whether in an action of contract, tort or otherwise, arising from, out of or in connection with the software or the use or other dealings in the software.*

Date: _____ Firm: _____