

Visual Staff Scheduler® PRO 7.0

90-Day
Unconditional
Money-Back
Guarantee

Visual Staff Scheduler PRO 7.0

License	Your Price	Amount
Single-user	\$495	
2-User	\$695	
3-User	\$795	
4-User	\$895	
5-User	\$995	
10-User	\$1,495	
15-User	\$1,795	
20-User	\$1,995	
40-User	\$3,995	
60-User	\$5,995	
75-User	\$7,495	
100-User	\$9,995	

Keep VSS PRO up and running!

Software Enhancement Plan	Your Price	Amount
Single-user Plan	\$150	
2-User Plan	\$225	
3-User Plan	\$250	
4-User Plan	\$275	
5-User Plan	\$300	
10-User Plan	\$450	
15-User Plan	\$525	
20-User Plan	\$600	
40-User Plan	\$1,200	
60-User Plan	\$1,800	
75-User Plan	\$2,200	
100-User Plan	\$3,000	

Staff Files 4.0 Add-on

License	Your Price	Amount
Single-user	\$195 (regularly \$295)	

Multi-user versions available. Call for special pricing! Visit www.Staff-Files.com for product information.



Shipping & Handling
C.O.D. add \$6
Subtotal
ND add 6.5%
Total

Keep your software up and running!

Sick and tired of upgrade notices? Ever had a VSS PRO question or misplaced your CD? Add the Software Enhancement Plan to your order and enjoy the peace of mind you deserve.

- **FREE** upgrades
- **Unlimited** telephone and email access to our support technicians (No more \$35 per call!)
- **FREE** media replacement should your software become lost or damaged (No more \$50 replacement fee!)
- **FREE** updates to address compatibility issues

You will be billed annually for the Software Enhancement Plan, so you will never have to order another upgrade or worry about support again.

Download now at:

www.vsspro.com

Call toll-free:

1-800-874-8801

Fax this order form:

1-701-280-0842

U.S. Shipping & Handling:

Ground\$9.95
3 Day\$15.00
2 Day\$25.00
1 Day\$35.00

Shipping Information

NAME _____

TITLE _____

COMPANY _____

ADDRESS _____

CITY _____

STATE _____ ZIP _____

DAYTIME TELEPHONE _____ FAX _____

E-MAIL ADDRESS _____

Billing Information

Please check if same as Shipping Information

NAME _____

COMPANY _____

ADDRESS _____

CITY _____

STATE _____ ZIP _____

DAYTIME TELEPHONE _____ FAX _____

Payment Information

Please check choice

- VISA American Express
- MasterCard Discover/Novus
- Check C.O.D. (US only)
- Purchase Order # _____ *

CARD NUMBER _____

EXPIRATION DATE _____

CARDHOLDER NAME _____

SIGNATURE _____

*Please include a copy of the purchase order with this form.