

**IMMUTOL FORM**

Please do your best to fill out this form as accurately as possible.  
We will notify when the announcement is posted. Please make sure  
you check your spelling.

In completing this Immutol form please fill out complete names  
In Address and locations, please give city state and zip.

Date you want Immutol to come out\_\_\_\_\_

Immutol will not be published until receive a date.

If partners are available please list full names of all partners involved

Full names and address of Immutol \_\_\_\_\_

Partners (include address) \_\_\_\_\_

other partners (include address)\_\_\_\_\_

Are the Immutol partners on the Internet? Yes\_\_\_\_ No\_\_\_\_

If no list the relationship of the Immutol \_\_\_\_\_

Company been in business for how long?\_\_\_\_\_

Partner employed by\_\_\_\_\_

NAME AND DAYTIME NUMBER (WITH AREA CODE) OF A PERSON AVAILABLE TO ANSWER QUESTIONS

\_\_\_\_\_

I certify to the best of my knowledge my information is true.

(Name) \_\_\_\_\_ (Signature) \_\_\_\_\_

mail completed forms to:  
IMMUTOL DEPT  
immutol times  
po box 391  
midland tx 79701