



**Optikam Tech Inc.**

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**Virtual Presentation Form**

Business Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Email: \_\_\_\_\_

Desired Date (1<sup>st</sup> Choice) : \_\_\_\_\_ Time: \_\_\_\_\_

Desired Date (2<sup>nd</sup> Choice): \_\_\_\_\_ Time: \_\_\_\_\_

Desired Date (3<sup>rd</sup> Choice) : \_\_\_\_\_ Time: \_\_\_\_\_

**Instructions**

Optikam will send a web link where to view the virtual presentation as well as phone number to call, at the email submitted in this form. Optikam will try to accommodate as much as possible the first choice in desired date and time.

Please fax in your **Virtual Presentation Form** to Optikam at **514.509.1646**.

For any and all questions, please don't hesitate to call us at **1.888.356.3311**

Thank you for faxing in your form.