

I understand that to apply for a **FREE** subscription, I must...

- 1 Complete all sections fully**
- 2 Sign and date the form and return to...**

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1 What type of ORGANISATION do you work for? (Tick one only)

- | | |
|--|--|
| <input type="checkbox"/> Police Force | <input type="checkbox"/> Military Police |
| <input type="checkbox"/> Government | <input type="checkbox"/> Representative Organisation |
| <input type="checkbox"/> National Agency | <input type="checkbox"/> Criminal Justice Agency |
| <input type="checkbox"/> Police support | <input type="checkbox"/> Other: _____ |

2 Which of the following activities best describes your ROLE in terms of police product procurement?

(Tick only those that apply directly to your role)

- | | |
|---|--|
| <input type="checkbox"/> Operational Assessment | <input type="checkbox"/> Purchase Influencer |
| <input type="checkbox"/> Decision Maker | <input type="checkbox"/> Budget holder |
| <input type="checkbox"/> End User | <input type="checkbox"/> R&D |
| <input type="checkbox"/> Other _____ | |

3 In which AREAS do you have direct interest? (Please tick all relevant areas)

- | | | |
|--|---|-------------------------------------|
| <input type="checkbox"/> Duty Equipment | <input type="checkbox"/> Less Lethal Weapons | <input type="checkbox"/> Firearms |
| <input type="checkbox"/> IT / Software | <input type="checkbox"/> Communications Technology | <input type="checkbox"/> Forensics |
| <input type="checkbox"/> Surveillance Equip | <input type="checkbox"/> ANPR | <input type="checkbox"/> Vehicles |
| <input type="checkbox"/> Personal Protection | <input type="checkbox"/> CBRN | <input type="checkbox"/> Riot Equip |
| <input type="checkbox"/> Biometrics | <input type="checkbox"/> Access Control | <input type="checkbox"/> EOD |
| <input type="checkbox"/> Drug Detection | <input type="checkbox"/> Books / Information Resource | <input type="checkbox"/> Training |
| <input type="checkbox"/> General Supplies | <input type="checkbox"/> Facilities | <input type="checkbox"/> Events |

4 Please tick format required Print Electronic

NAME and ADDRESS

Name: Position / Rank:

Organisation / Force:

Address:

City: Postcode/Zip: Country:

Telephone: Email:

Applicants Signature: Date: