

Appendix 2

Figure 1

Test

1. Please fill in the following details.

Name:

Company:

Address 1:

Address 2:

City/Town:

State/Province:

ZIP/Postal Code:

Country:


Email Address:

Phone Number:

Next

Figure 2

Test



***2. Name 5 things that you can see**

Prev Done

Figure 3

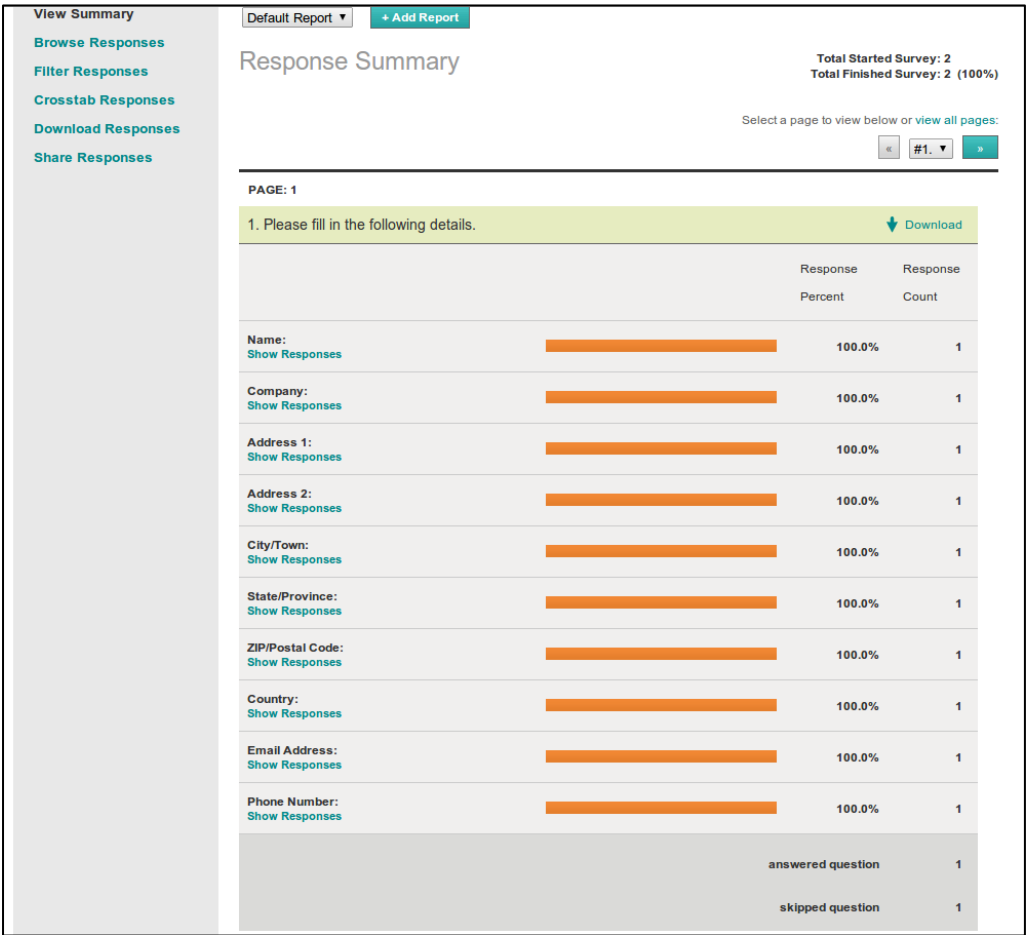


Figure 4

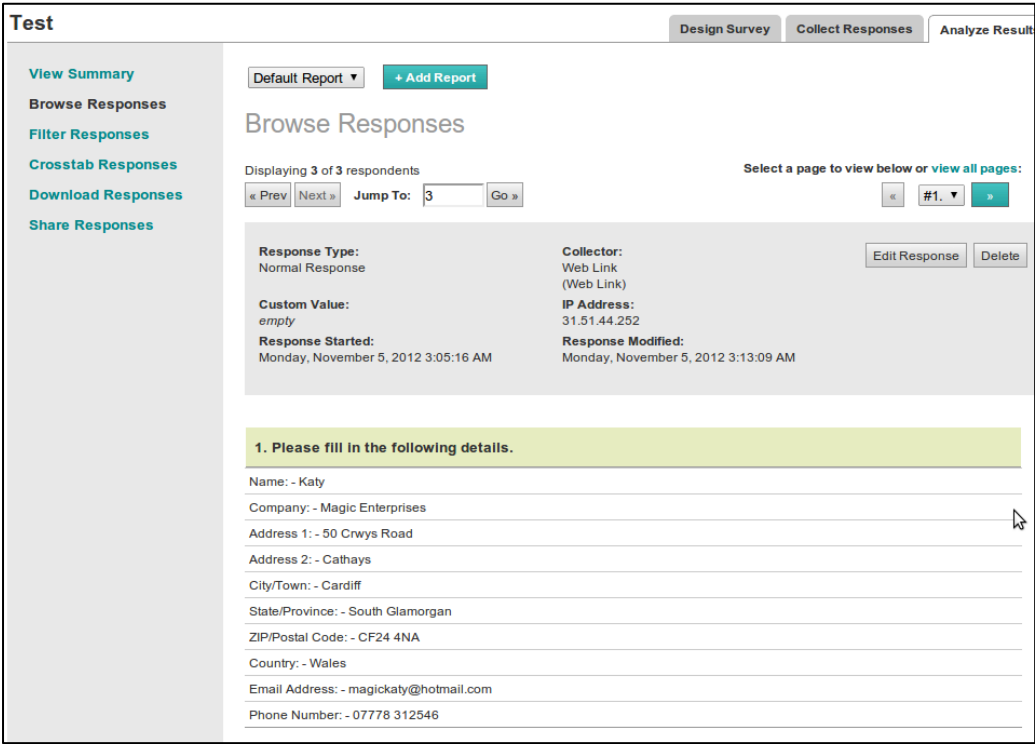


Figure 5

