



**REQUEST A DEMO**

**Please complete the following fields to request a CTS product demonstration.**

**A representative will contact you to confirm your request:**

Company/Agency Name: \_\_\_\_\_

Request Submitted By: \_\_\_\_\_

Main Contact Name and Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

**Date Requested:** First Choice: \_\_\_\_\_ Second Choice: \_\_\_\_\_

**Please select the demo you are requesting:**

- \_\_\_\_\_ CTS **FULL** LESS LETHAL PRODUCT LINE
- \_\_\_\_\_ CTS LESS LETHAL PRODUCT LINE WITH **SWAT** FOCUS
- \_\_\_\_\_ CTS LESS LETHAL PRODUCT LINE WITH **CORRECTIONS** FOCUS
- \_\_\_\_\_ CTS LESS LETHAL PRODUCT LINE WITH **RIOT CONTROL** FOCUS
- \_\_\_\_\_ OTHER: \_\_\_\_\_

**Exact location where demo will be held:**

Requirements: 50-100 yard firing range with water source available.

Location Address (Street, City, State, Zip): \_\_\_\_\_

\_\_\_\_\_

**Please provide 'ship-to' address for munitions:**

Location Address (Agency Name, Street, City, State, Zip): \_\_\_\_\_

\_\_\_\_\_

**Authorized Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Please return completed form to:** [training@combinedsystems.com](mailto:training@combinedsystems.com)