



Application for DeviceNet Standards

ODVA New Zealand/Australia User Group Inc

Name of Organisation :

Address :

City :

Country :

Phone number :

Fax number :

Email :

Please provide me with a copy of the DeviceNet Installation Requirements.

Enclosed is my payment of : NZ\$100 Please tick as appropriate
 AU\$100 for country of purchase.
 US\$100

Please mail complete with payment to:

***ODVA NewZealand /Australia User Group Inc
P O Box 41
Tauranga
New Zealand***