



PHOTO CONTEST ENTRY FORM

Name _____

Company _____ Job Title _____

Address _____

City _____ State _____ Zip Code _____

Country _____ Email _____

Phone _____ Fax _____

Number of photos being submitted: _____

Photo captions (short description of photo):
(you may attach a separate sheet if necessary) _____

Names of people in photo: _____

By signing this entry form, I am granting RAE Systems permission to use the photos submitted in the promotion of its products.

Signature: _____ Date: _____

Disclaimer: By submitting your photo to the RAE Systems Photo Contest, you grant RAE Systems permission to use the photo for any marketing programs including print and web, with no obligations, financial or otherwise, to the owner or subjects of the photo.

Please mail or fax this form to:

RAE Systems
3775 North First Street
San Jose, CA 95134

Fax: 408.952.8480