



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