# UP2 Order Form

Contact name: ______________________  ☐ Faculty ☐ Staff ☐ Student ☐ Other (check one)
Institution name: ______________________  Department: ______________________
Address: _______________________  City: _______________  State: _______  ZIP: _________  Country: _________
Phone number: _________________  FAX number: ______________________
Email: _________________________  WWW site: http://__________________________
Order(s) will be shipped to the above address.

<table>
<thead>
<tr>
<th>ITEM</th>
<th>DESCRIPTION</th>
<th>QTY</th>
<th>List Price</th>
<th>University Price</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>UP2-DEVKIT/UNIV</td>
<td>UP2 Education Kit</td>
<td></td>
<td>$99</td>
<td>$99</td>
<td></td>
</tr>
</tbody>
</table>

TOTAL

PAYMENT METHOD:  ____ CHECK  ____ MONEY ORDER  ____ CREDIT CARD

All orders must be accompanied with payment.

Credit Card: _______ MasterCard  _______ VISA  _______ American Express

Credit Card #: _________________________  Expiration Date: _________

Signature: _____________________________  Date: _________

Send to: Altera Corporation  
Attn: University Program  
101 Innovation Drive  
San Jose, CA 95134  

Credit Card Orders May Be Fax To:  408-544-6666