

Non Exclusive Licensing Agreement for the DVD "Wheels That Gotta Roll"

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Licensee: Name _____

Address _____

E-mail _____

Phone _____

(Optional)

Date of Disability _____

Type of Disability _____

(Optional)

Original Diagnosis _____

(Optional)

Present Prognosis _____

(Optional)

Desired treatment options _____

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Signature of Licensee _____ Date _____

Signature of Witness _____ Date _____