



Adobe Reader Mobile 9 SDK Licensee Questionnaire

Thank you for your interest in licensing the Adobe® Reader® Mobile 9 SDK. Please provide the following information to be qualified for an evaluation version of the software.

When you have completed this form, please email it to ReaderMobileSales@adobe.com

Today's Date:

Company Name:

Address:

City:

State:

Mail/zip code:

Country:

Company Website URL:

Business Contact Name:

Business Contact Title:

Business Contact Email:

Business Contact Phone:

Technical Contact Name:

Technical Contact Title:

Technical Contact Email:

Technical Contact Phone:

Name and Address of Licensee-controlled Facilities where SDK source code will be used:

Questions:

1. Do you intend to integrate the Adobe Reader Mobile 9 SDK into a device hardware or into a software application? Please describe.

2. Is your device/software currently on the market? If so, how many units/installations have been distributed?

