REPORTING UNIT AND CONTACT INFORMATION FORM

Please complete the following for **each** of your system's reporting units:

**CBISA Plus**  **or CBISA Online**

**New Client?**  Yes  No

(if no) **Client I.D. #**

**Reporting Unit Name** – up to 50

**Number of beds:**

**Address\*:**

**City, State ZIP:**

\*Passwords and other sensitive information may be mailed. Please make sure address field is complete.

**\*System Administrator Name:**

**\* Phone:**

**\* Email:**

\* If known. This information may be provided later.

Would like your unit pre-populated with standard activities with pre-assigned categories?  Yes  No

**Billing Information:**

**Billing Address (if different than unit address):**

**City, State ZIP:**

**Special Billing Instructions, e.g., e-mail, USPS mail:**

**Bill Individually**  **or Bill with System**

***Current clients will be credited for any unused portion of their CBISA Online subscription fee and will have their CBISA Online data transferred to their new CBISA Plus***

**Internal Use Only**

ID#

**Return information to:**

**Email:** info@lyonsoftware.com

**Fax:** (419) 885-7727

**Mail to:** Lyon Associates, Inc.

5800 Monroe St., Building E

Sylvania, OH 43560