



## Reference List Application

Please fax to **512-892-4598**

If you use AICE, Respond, QTrendz or RedBat (**circle one**) – Tell us the specifics, the more the better! *For a detailed testimonial of 25 words or more in at least 2 categories in the table below, we will send you \$50 Bonus Bux that can be used towards ICPA Annual Maintenance and Service Agreement (AMSA), training classes or products.* In exchange, we may use your testimonial in our printed marketing materials or on our website.

**Use a separate sheet of paper if necessary. Or, if you'd like to receive this application in a Word document, send a request to [Marketing@icpa.net](mailto:Marketing@icpa.net). You may photocopy these pages to submit testimonials for more than one ICPA product.**

Category	25-50 Word Description
Tell us the most important thing our software does to make you more effective at your job. Explain why.	
Tell us about the most innovative way you use our software.	
Do you use our software to collect data for mandatory reporting to local, state, federal or other entities? If so, what types of information do you report, and how does the software help?	
Explain how our software saves you and/or your facility time and money. Please give an example with details of cost savings.	
Explain how our software improves your outcomes/processes.	

Describe the quality of our technical support. What do you use it for the most?	
For AICE and Respond: Do you use AICE Basic Download or Respond Demographic Download? If so, explain how download saves you time and/or improves accuracy of your information.	

1) Your Contact information:

Contact Name \_\_\_\_\_

Department \_\_\_\_\_

Organization Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

Number of beds \_\_\_\_\_ Number of employees \_\_\_\_\_

2) I am using (check all that apply)

AICE®    AICE Download    QTrendz®  
 Respond®    Respond Demographic Download  
 RedBat®

3) Is your facility part of a corporation (e.g.,HCA)?    Yes    No

The Corporate name is \_\_\_\_\_

4) I'd like to be listed on the following reference lists (Check all that apply)

AICE                      Respond                      RedBat

I agree to have my contact information (name, work telephone number, facility, city and state), and the number of beds/employees included on a reference list that will be distributed to potential clients. The same information and testimonial may appear in advertisements for our products. I agree that should a potential customer contact me, I will be supportive of the ICPA software system(s). I understand that after the contact, I should fill out a Customer Contact form and mail or fax it to ICPA. If that customer purchases the software system within 12 months of my contact, I will receive a \$50 ICPA Bonus Bux which can be used towards any ICPA product, including Annual Maintenance and Service Agreement. Credit will not be extended unless I am officially enrolled in this reference program prior to the contact with the potential customer. Only one credit of \$50 will be extended per sale no matter how many contacts occur with one customer.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date