

**Dungeons & Dragons 4th Edition Game System License
STATEMENT OF ACCEPTANCE**

By signing below, the company or individual set forth in Section A below (“LICENSEE”) confirms that it has read and understands the Dungeons & Dragons 4th Edition Game System License, located at <http://www.wizards.com/d20> , and it agrees to be bound by the terms and conditions contained therein.

A. LICENSEE INFORMATION

Please check one and provide additional information requested.

- Individual (Please print full name below)

Last name	First Name	Middle Name
-----------	------------	-------------

- Company (Please print full company name, and list the jurisdiction of incorporation)

Company name	State or jurisdiction of incorporation
--------------	--

Primary Address (Please include location address; post office boxes are not acceptable.)

B. CONTACT INFORMATION

Contact Name: _____
[If Licensee is an individual, contact name and Licensee must be same.]

Email Address: _____

Mailing Address: _____

[Location address only; post office boxes are not acceptable.]

Phone: _____ Fax: _____

Website Address: _____

C. LICENSEE SIGNATURE

Authorized Signature: _____

Printed Name: _____

Title: _____

Date: _____

Mail your completed Statement of Acceptance to:
Wizards of the Coast LLC.
D&D Game System License Administrator
P.O. Box 707
Renton, WA 98057-0707