

Please complete this Warranty Card and mail in with proof of purchase within 30 days.

WARANTY REGISTRATION CARD

(Please Print)

Name:

Institution Name:

Address:

City: _____

State: _____

*Product #: _____

* Serial #: _____

Purchased at:

Purchased Date: _____

E-mail: _____

Phone: () _____

Fax: () _____

*The Product # and Serial # can be found on the label on the back of your product.