

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

## WARRANTY REGISTRATION CARD

(Please Print)

Name:

---

Institution Name (if applicable):

---

Address:

---

City: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_

State/Province: \_\_\_\_\_

\*Model #: \_\_\_\_\_

\* Serial #: \_\_\_\_\_

Purchased from (if not directly from AMDi):

---

Purchased Date: \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone: (        ) \_\_\_\_\_

Fax: (        ) \_\_\_\_\_

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