

Geiger Medical Technologies

WARRANTY REGISTRATION

**THIS SHEET MUST BE COMPLETED AND
RETURNED TO GEIGER
TO ACTIVATE WARRANTY!**

DATE PURCHASED: _____

MODEL NUMBER: _____

SERIAL NUMBER: _____

PURCHASER INFORMATION

NAME: _____

COMPANY: _____

ADDRESS: _____

PHONE: () _____ FAX: () _____

RETURN TO:

***ORDER FILTERS DIRECT -
AND SAVE!***

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