

## PRODUCT REGISTRATION FORM

### OWNER INFORMATION

First \_\_\_\_\_ Last \_\_\_\_\_

### INSTALLATION ADDRESS

Street \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

CHECK HERE IF YOU WANT TO RECEIVE PRODUCT INFORMATION AND GENERAL NEWS

### PRODUCT INFORMATION

Start Up Date \_\_\_\_\_ Model Number \_\_\_\_\_ Serial Number \_\_\_\_\_

Purchased from (list supplier company name) \_\_\_\_\_

### APPLICATION INFORMATION

Type of Building Application \_\_\_\_\_

### CONTAMINANT INFORMATION

List the contaminants you are attempting to control (if known):

- |   |   |                                  |
|---|---|----------------------------------|
| <input type="checkbox"/> Allergens      | <input type="checkbox"/> Formaldehyde       | <input type="checkbox"/> Radon   |
| <input type="checkbox"/> Bacteria       | <input type="checkbox"/> Human Contaminants | <input type="checkbox"/> Smoke   |
| <input type="checkbox"/> Carbon Dioxide | <input type="checkbox"/> Mold Spores        | <input type="checkbox"/> Viruses |
| <input type="checkbox"/> Dust           | <input type="checkbox"/> Odors              | <input type="checkbox"/> VOC's   |
| <input type="checkbox"/> Gas / Fumes    | <input type="checkbox"/> Ozone              | <input type="checkbox"/> Other   |

Are you interested in providing a testimonial about our product?  Yes  No

Are you interested in being a case study for this application?  Yes  No