

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.