



Product Registration Form

What product did you purchase? _____ Model # _____

How did you hear about our products? (Please circle one)

Internet	Referral	Distributor	Trade Show/ Conference	Other _____
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Company/Distributor where you purchased your product?

What is your application for this product?

What do you like about your purchased product?

Do you have any suggestions on how we may improve this product?

What other products would you like Revolutionary Science to offer?

Date Purchased _____ Serial Number _____

Company Name _____

Type of Company (Please circle one)

Research Laboratory	University	Individual use	Food Testing	Other _____
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Three ways to send in the completed form:

1. Email completed form to sales@revsci.com

2. Mail completed form to: Revolutionary Science, 13229 St Croix Ave, STE 7, Lindstrom, MN 55045 USA

3. Fax completed form to: 1-775-218-7015