

Product Registration Form



What product did you purchase? _____ Model # _____

Internet	Referral	Distributor	Tradeshow/Conference	Other _____
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How did you hear about our products? (Please circle one)

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: _____

Research Laboratory	University/School	Individual use	Food Testing	Other _____
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Type of company? (Please circle one)

Three ways to send in the completed form:

1. Email completed form to: sales@revsci.com
2. Fax completed form to: 1-775-218-7015
3. Mail completed form to: 17319 Lake Blvd., Shafer, MN 55074 USA

REVOLUTIONARY SCIENCE

17319 Lake Blvd.
Shafer, MN 55074
Information: (651) 674-3112
Fax: (775) 218-7015

E-mail: sales@revsci.com
Website: www.revsci.com

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