



2008 SLEEP WELL PROMOTION

**FAX BACK BEFORE
AUGUST 31, 2008 FOR
POINTS AND PRIZES**

**PLEASE INCLUDE
COPIES OF INVOICES
WITH THIS FAX!**

Rep Name _____ Rep Address/Phone _____

Please include copies of invoices with this fax.

Dealer Name _____ Dealer City _____ Date Sold _____

Dr or Practice Name _____ Serial # on Unit _____ Model # of unit (900, 950, 1250) _____ This is my ___ unit sold.

Dealer Name _____ Dealer City _____ Date Sold _____

Dr or Practice Name _____ Serial # on Unit _____ Model # of unit (900, 950, 1250) _____ This is my ___ unit sold.

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Dr or Practice Name _____ Serial # on Unit _____ Model # of unit (900, 950, 1250) _____ This is my ___ unit sold.

**Fax to: Rebecca Gecan
800-323-1640 or 727-344-3876**

Bovie
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St. Petersburg, FL 33710-2902
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