



_____ YES! I am interested in participating in the program.

Your company name: _____

Your name: _____

Your title: _____

STAT Medical Device products can be purchased online at the following Web sites:

STAT Medical Device products can be purchased at the following store address(es):

Store: _____

Street address: _____

City: _____

State: _____

Zip code: _____

Phone: _____

Store: _____

Street address: _____

City: _____

State: _____

Zip code: _____

Phone: _____

Store: _____

Street address: _____

City: _____

State: _____

Zip code: _____

Phone: _____

Please fax this form back to 305-949-7370 to be included in the program.

Thank you!