

2018 Order Form - Better Physiology Ltd.

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- (1) Download this file to your desktop as a blank file. (2) Then, fill out the form on your keyboard.
(3) Save it in your name (example: smith_order.pdf) and (4) email it to instruments@betterphysiology.com.
You may also FAX the form at 505.213.0351, but do NOT fill it out in handwriting. Thank you.

Who referred you? _____ How did you learn about us? _____

PRODUCTS & SUPPORT

- Educational Capnography, a **2-day Webinar** for CapnoTrainer users: \$500.00 X ____ (# of enrollees) = \$ _____
- CapnoTrainer 4.0 (no supplies): \$3,700.00 X ____ (# of units) = \$ _____ (**NOT** for first time buyers)
- CapnoTrainer 4.0 with Starter Kit (basic supplies): \$3,900.00 X ____ (# of units) = \$ _____
- CapnoTrainer 4.0 with Starter Kit and Extended Warranty: \$4,300.00 X ____ (# of units) = \$ _____
(two-year warranty program replaces standard one-year plan, that also covers accidental damage)
- CapnoPlus-I accessory for CapnoTrainer (EMG & HRV-ECG): \$850.00 X ____ (# of units) = \$ _____
- CapnoPlus-II accessory (EMG, HRV-ECG, HRV-PPG, Respiratory Gage): \$1,250 X ____ (# of units) = \$ _____
- Capno-4 Group Instructional System: \$16,800.00 X ____ (# of systems) = \$ _____
- Capno-8 Group Instructional System: \$32,000.00 X ____ (# of systems) = \$ _____
- Nasal Cannulas (100, 5 packs of 20): \$100.00 X ____ (# of packs) = \$ _____
- Capno Filters (1 pack of 12): \$60.00 X ____ (# of packs) = \$ _____
- Sampling Hose (1): \$18.00 X ____ (# of units) = \$ _____
- Zero Calibrator (1): \$25.00 X ____ (# of units) = \$ _____

Total Price (shipping cost will be added to the total by Better Physiology): \$ _____

PROFESSIONAL CERTIFICATION by webinar (university CE and academic credit)

Sign-up for the live-interactive webinar certification program, **Certified Breathing Behavior Analyst**.
Download a brochure and register at www.e-campus.bp.edu (**Graduate School of Behavioral Health Sciences**).

CUSTOMER INFORMATION

Customer name _____ Email: _____

Name on invoice, if different: _____ Tel: _____

Shipping address: _____

City: _____ State or Province _____ Postal code _____

Billing address, if different: _____

METHOD OF PAYMENT

Credit Card: VISA MC AMEX Discovery

PayPal: Yes No Email address to be used: _____

Name on credit card _____

Credit card number _____

Expiration date: _____ 3-digit code on backside _____ (4-digit for AMEX)

SPECIAL INSTRUCTIONS

