2020 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

☐ Recorded 15-hour Webinars (3), go to www.betterphysiology.com/webinar-courses $200.00 X _____ = $ _____

☐ CapnoTrainer 5.0 (no supplies): $3,700.00 X _____ (# of units) = $ _____ (**NOT** for first time buyers)

☐ CapnoTrainer 5.0 with Starter Kit (basic supplies): $3,900.00 X _____ (# of units) = $ _____

☐ CapnoTrainer 5.0 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)

☐ CapnoTrainer 5.0 and Starter Kit with CapnoPlus-II accessory device: $5,150.00 X _____ (# of systems) = $ _____

☐ 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

_____
_____