



Warranty Registration Form

Thank you for your new equipment purchase. In order to protect your new purchase under DUX Dental's equipment warranty complete the registration form below within 10 days after receipt of the product and complete by hand, then mail to the appropriate address below.

Purchaser:	
*Dr. First Name: _____	*Dr. Last Name: _____
*Address: _____	
*City: _____	*State: _____ *Zip: _____ *Country: _____
*Telephone: _____	Fax: _____ *E-mail: _____
*Dealer: _____	Type of Practice: _____
Equipment:	
*Equipment purchased: _____	*Date of Purchase: _____
*Reason for purchase: _____	
*Model Number: _____	*Serial Number: _____
<i>*Required Information</i>	

Address:	
United States	Europe
600 East Hueneme Road, Oxnard, CA 93033, USA	Zonnebaan 14, 3542 EC Utrecht, The Netherlands
P:1.800.833.8267 or 805.488.1122 F: 805.488.2266	P:+(31) 30 241 0924 F:+(31) 30 241 0054
E:duxoffice@duxdental.com	E:dux@duxbv.nl

Request additional information be sent to you on the following products:

- | | |
|--|---|
| <input type="checkbox"/> Acid Etching Gel | <input type="checkbox"/> Hydrocolloid |
| <input type="checkbox"/> Alginate, Identic & KromaFaze | <input type="checkbox"/> Lead-Free Aprons |
| <input type="checkbox"/> Alginator | <input type="checkbox"/> Lubricat |
| <input type="checkbox"/> Bib-Eze Disposable Bib Holders | <input type="checkbox"/> Retraction Materials |
| <input type="checkbox"/> Tubs, Trays, Cassettes, Mirrors | <input type="checkbox"/> PeelVue+ Sterilizing Pouches |
| <input type="checkbox"/> Hemostatic Agents | <input type="checkbox"/> Temporary Cements |
| <input type="checkbox"/> Other _____ | |

E-mail List Opt-in:

Do you want to be informed of new product information and product specials? Yes* No

**(If yes, then we will add the e-mail address you provided in this form to our e-mail list.)*