

From : _____

To : **NEON DIAGNOSTICS LTD**

Units 7 & 8
Swanbridge Industrial Park
Black Croft Road
Witham
Essex
CM8 3YN

Warranty Registration Card

Thank you for choosing the **Element™** *Auto-coding* Blood Glucose Monitoring System. To register your five-year warranty coverage, please complete this card and return within 30 days from date of purchase. It is important that you register with us, to ensure that we may provide you with important product and technological information in the future. You can register with us by simply filling out the card below and returning it by mail or fax.

Name _____

Street Address _____

City & State _____ ZIP Code _____ Country _____

Country Code + Area Code + Telephone Number _____

Product **Element™** *Auto-coding* _____ Product Serial Number _____

Date of Purchase _____ Day _____ Month _____ Year _____

Purchased From _____

Street Address _____ E-mail _____

City & State _____ ZIP Code _____ Country _____