



## CPI MEDICAL PRODUCTS REQUEST FOR BULLETIN INFORMATION

Customer Name: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

List Bulletin(s) that you would like to receive by part number: \_\_\_\_\_

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**PLEASE FAX THIS FORM TO KEITH ELLIOTT: +1 (905) 877-8320 or**

**Email to: [CANMarketing@cpii.com](mailto:CANMarketing@cpii.com) or**

**Call 1-888-CPI-XRAY (1-888-274-9729) for more information.**