

CPI MEDICAL PRODUCTS TRAINING REQUEST

Customer name: _____

Date: _____

Contact name: _____

Address: _____

Phone number: _____ Fax number: _____

Email address: _____

List type of X-ray generator training you would like to receive, Indico 100 / CMP 200
along with date and location: _____

FAX to KEITH ELLIOTT, +1 (905) 877-8320