



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: _____

PLEASE FAX THIS FORM TO MAURO FANTAUZZI: +1 (905) 877-5327 or

Email to: CANMarketing@cpii.com or

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