



Date: \_\_\_\_\_

## TWO- WEEK TRIAL PROGRAM REQUEST

Thank you for your interest in our transilluminators. This information helps Sylvan Corporation for a better understanding of our medical devices and market. We strive to produce the highest quality products and services in order to help improve atraumatic care. Please return this questionnaire with a no-charge purchase order to begin the trial program. A 10% discount on our transilluminators is offered with the free trial program for your time.

Name: \_\_\_\_\_ Number of beds: \_\_\_\_\_  
 Hospital: \_\_\_\_\_ Direct Phone: \_\_\_\_\_  
 Department: \_\_\_\_\_ Email: \_\_\_\_\_  
 Department head name: \_\_\_\_\_ Hospital Address: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Estimated # of patients per month: \_\_\_\_\_

When researching information on new products, what is your major source? (Please check all that apply)

- Search engine keyword
- Online forums
- Previous use
- Contacting industry sales rep
- Trade journals
- Social media
- Word of mouth
- Trade shows/  
conference information
- Borrowed equipment  
from other departments

How did you find out about us? (Please check all that apply)

- Search engine keyword
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from other departments

May we use your first name and hospital city as a customer testimony in marketing applications?  Yes  No

Name: \_\_\_\_\_ Hospital City: \_\_\_\_\_

**NOTE:** The trial unit is subject to be invoiced if 60 days past due. The hospital may be financially responsible for unreasonable damages to the trial unit. The one-year limited warranty (excluding lamp assemblies, batteries, and chargers) would begin once Sylvan Corporation has received the revised purchase order.

**CALL 1-800-628-3836 FOR MORE INFORMATION.**