

REGISTER YOUR PHILIPS PRODUCT

To qualify for future Updates and Support, please complete the following form and send it back to us.

Company / Practice Name:			
Contact Person:		Position:	
Telephone #:		Fax #	
Mobile Number:		E-mail address:	
Physical Address:			
Postal Address:			
Purchased from:		Date purchased:	

Product Model:		Serial Number:	
Product Model:		Serial Number:	
Product Model:		Serial Number:	
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Once complete, kindly Fax to **086 555 3833**, or E-mail to info@speech.co.za

