

Spectra
THERAPY.com

Product Registration

Get a jump on your competition



First Name _____ MI _____ Last Name _____

E-mail _____ Phone _____

Address _____ City _____ State _____ Zip Code _____

Product Purchased _____ Serial Number(s) _____

Purchased Date _____ Purchased From _____

How did you hear about Wearable LASERwrap®? (check all that apply) Healthcare Professional _____
____ Recommended by a friend or acquaintance _____ Email _____ Catalog _____ Website _____ Facebook _____
____ Online search _____ Trade Show _____ Magazine Ad _____ Forum _____ Other _____

About You

Your Gender: _____ Female _____ Male Are you a healthcare professional?(circle one) Y N

Occupation _____

Company Name (if applicable) _____

Company Address _____

City _____ State _____ Zip Code _____

Work Phone Number: _____ Work Email: _____

Website: _____

Number of other healthcare professionals are in your office? _____

Do you want to receive product announcements? (circle one) Y N

Do you want to receive information on special promotions? (circle one) Y N

Are you interested in learning about becoming a distributor and/or offering the Spectra products for sale in your office or business?(circle one) Y N

SPECTRA THERAPY, LLC.
PRODUCT REGISTRATION
5832 GLASGOW DRIVE
TROY, MI 48085

ABOUT YOUR PURCHASE

Do you own other therapy devices? (circle one) Y N If yes, please list the devices or technologies that you own or use _____

What were the most important reasons you purchased Spectra Therapy LASERwrap®? (check all that apply)

- General conditioning and health maintenance Performance improvement
 Have on hand in the event an injury or illness occurs Professional use
 Injury (?) _____ Chronic condition(s) _____
 Other _____

Why did you purchase a Spectra Therapy LASERwrap® kit over other therapy devices?

- Ease of use Automatic feature Effectiveness Drug free Wearable Portable
 No cords, wires, gels Price Other _____

Are you interested in receiving information about extended warranty and protection plans? (circle one) Y N

If you fail to complete and/or return the product registration card, your warranty rights as otherwise specified will not be diminished. Please visit www.wearablelaserwrap.com for privacy policy.

(Tape here)