

ORDER FORM

Better Physiology, Ltd.

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Email (or fax) this **fill-in PDF form** to: instruments@betterphysiology.com

Who referred you? _____

- CapnoTrainer M:** \$3,300.00 **X** ____ (number of units): \$ _____
- CapnoTrainer M:** \$3,500.00 with starter kit **X** ____ (number of units): \$ _____
- CapnoTrainer M:** \$3,900.00 with starter kit **X** ____ (number of units): \$ _____
AND, extended warranty 2-year replacement program (covers accidental damage and misuse)
- CapnoPlus (EMG, ECG, HRV):** \$850.00 **X** ____ (number of units): \$ _____
- Capno-4 Group Instructional System:** \$15,500.00 **X** ____ (quantity): \$ _____
- Capno-8 Group Instructional System:** \$31,000.00 **X** ____ (quantity): \$ _____
- Nasal cannulas (pack of 100):** \$100.00 **X** ____ (number of packs): \$ _____
- Capno Filters (pack of 12):** \$54.00 **X** ____ (number of packs): \$ _____
- Sampling Hose:** \$18.00 **X** ____ : \$ _____ **Zero Calibrator:** \$25.00 **X** ____ : \$ _____

TOTAL PRICE: (shipping will be added to this amount): \$ _____

Graduate School of Breathing Sciences: www.breathingsciences.bp.edu.

- Send me information about CE courses (for registration: www.e-campus.bp.edu).
- Send me information about the MS degree program in Applied Breathing Sciences.
- Send me information about the Educational Capnography Certificate Program.

Customer name _____

Name to appear on invoice _____

Shipping Address _____

Phone _____ Fax _____

Email _____

Method of Payment

- Credit card: Number _____ (VISA, MC, Discovery, AMEX)
- Exp. date _____ 3-digit code on backside _____ (4-digit for AMEX on front side)
- PayPal: Please send me a request at the following email address _____

Special notes or instructions:
