

2021 Order Form - Better Physiology Ltd.

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(1) Download and save this file to your desktop as a blank file. (2) Then, fill out the form on your keyboard. (3) Re-save the file in your name (example: smith_order.pdf) and (4) email it to instruments@betterphysiology.com. You may also FAX the form at 505.213.0351, but do NOT fill out the form in handwriting. Thank you.

Who referred you? _____ How did you learn about us? _____

PRODUCTS and EDUCATION

- Software Subscription P6.0, for previous CapnoTrainers: \$395.00 (one CapnoTrainer), \$595.00 (multiple): **Go to website**
- CapnoTrainer P6.0 (no supplies): \$3,700.00 X ____ (# of units) = \$ _____ (**NOT** for first time buyers)
- CapnoTrainer P6.0 with Starter Kit (basic supplies): \$3,900.00 X ____ (# of units) = \$ _____
- CapnoTrainer P6.0 with Starter Kit AND Extended Warranty: \$4,300.00 X ____ (# of units) = \$ _____
(two-year warranty program replaces standard one-year plan, that also covers accidental damage)
- Vest P6.0, for wearing the P6.0 CapnoTrainer: \$75.00 X ____ (# of vests) = \$ _____
- HRV P6.0 accessory option (hardware and software): \$175.00 X ____ (# of units) = \$ _____
- Supply Kit P6.0 (10 Water Traps, 100 Sampling Lines, 20 Extension Lines): \$265.00 X ____ (# of kits) = \$ _____
- Water Traps, 1 pack of 10: \$100.00 X ____ (# of packs) = \$ _____
- Sampling Lines, 1 box of 100: \$150.00 X ____ (# of boxes) = \$ _____
- Capno Filters, 1 pack of 12 (for Capno 5.0 and earlier ONLY): \$60.00 X ____ (# of packs) = \$ _____
- Extension lines for Sampling Lines, 1 pack of 20: \$50.00 X ____ (# of packs) = \$ _____
- Zero Calibrator (for CapnoTrainer 5.0 and earlier ONLY): \$25.00 X ____ (# of items) = \$ _____

TOTAL COST (shipping fees will be added to the total by better Physiology): _____

PROFESSIONAL SCHOOL OF BEHAVIORAL HEALTH SCIENCES: www.e-campus.bp.edu

Sign-up for the live-interactive **Certificate program, Science of Breathing Behavior Analysis**

Sign up for the live interactive **Certification program, Certified Breathing Behavior Analyst**

CUSTOMER INFORMATION

Customer name _____ Email _____

Name on invoice (if different) _____ Tel: _____

Shipping address _____

City _____ State/Province _____ Postal code _____ Country _____

Credit card billing address (if different): _____

METHOD OF PAYMENT

Credit Card: VISA MC AMEX Discovery

PayPal: Yes No Email address to be used for requesting payment: _____

Name on credit card _____

Credit card number _____

Expiration date: _____ 3-digit code on backside _____ (4-digit for AMEX)

SPECIAL INSTRUCTIONS

