



REGISTRATION CARD

Thank you for purchasing the NUWAVE® CPAP Sanitizer.

Please fill out the information below to register your warranty. Then mail to: Spirit Medical 5000 Township Pkwy, White Bear Lake, MN 55110

Name: _____

Address: _____

City/State/Zip: _____

Email: _____

Telephone: _____

Serial Number: _____ Date Purchased: _____ Purchased From: _____

Retailer City, State and Phone Number: _____

NUWAVE® Customer

PLACE
STAMP
HERE

Spirit Medical
5000 Township Pkwy
White Bear Lake, MN 55110
Attn: Warranty Registration