



CUSTOMER ENROLLMENT INFO:

In order to complete enrollment, please print out this form and send it to your sales representative, email it to marketing@keelerusa.com, or fax it to 610-353-7814.

Customer Account Number:

Name of Practice:

Name of Manager or Physician:

Email of Manager or Physician:

Phone Number:

****UPON SIGNING UP, YOU WILL BE AUTOMATICALLY ENROLLED INTO THE PROGRAM EACH FISCAL YEAR THAT KEELER RUNS THIS PROGRAM. THE PROGRAM COULD VARY YEAR TO YEAR OR BE DISCONTINUED AT ANY TIME.****

Signature of Manager or Physician:

Date:
