



CUSTOMER REDEMPTION FORM

In order to complete redemption, please print out this form and send it back to us. You may redeem your points at any time between September 1, 2018 – August 31, 2019. If you are a part of a multi-branch facility, the main location of that facility will determine where the product will be shipped.

Customer Account Number:

Name of Practice:

Name of Manager or Physician:

Email of Manager or Physician:

Choose the product you would like to redeem (check one):

Tier 1

- PachPen
- AccuPen
- Diagnostic Handheld Set

Tier 2

- All Pupil II
- AccuPach VI
- Vantage Plus

Tier 3

- A-Scan Plus Connect
- B-Scan Plus
- 4Sight unit with Connect™ software
- 4Sight unit + A-Scan probe
- 4Sight unit + A-Scan and Pachymeter probes

Tier 4

- 4Sight unit + B-Scan probe
- 4Sight unit + B-Scan and Pachymeter probes
- 4Sight unit + A-Scan and B-Scan probes
- KSL-H5 table module
- KSL-H5 unit module
- UBM

Signature of Manager or Physician:

Date:

Approved By (sales rep):

Date:

Keeler

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