



Luxo Medical Products

Log Number: \_\_\_\_\_

Date: \_\_\_\_\_

**SAFETY ALERT**

**OUTPATIENT® II/COOLSPOT™ II TRADE-IN APPLICATION/REGISTRATION**

**TRADE-IN OFFER:**

- \* \$1200 For Complete Outpatient® II with Single Ceiling Mount
- \* \$1335 For Complete CoolSpot™ II with Single Ceiling Mount

By trading in your older Outpatient® or CoolSpot™ series mounts for Burton’s newest models under this offer, you will be assuring that your facility has the most reliable, upgraded medical light. Plus, you will receive a special 5-year warranty and can take advantage of trade- in pricing representing less than half of current retail. After we receive you completed Sections I, II, and III below, we will review the serial numbers provided and contact you with a confirmation number – or request further information. With the assignment of a confirmation number, Burton will also contact your preferred dealer to start the purchase process for guarantying our special trade-in-offer pricing.

**Complete I, II, and III, and return Via Fax (800) 765-1770 or Scan/Email to [sales@burtonmedical.com](mailto:sales@burtonmedical.com)**

**I. Registration for Trade – In and Agreement to Return Pivot Section (of original lights covered by Safety Alert) to Burton**

Customer Name \_\_\_\_\_ Signature \_\_\_\_\_

Office/Facility \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

**II. Information on Current Burton Light(s) Covered by Safety Alert and Choice for Trade-In Offer:**

**A. Information on Current Light(s):**

Model #	Description of Current Single Ceiling Light Covered by Safety Alert (e.g., Outpatient® Plus Single Ceiling)	Serial #

**B. Choice for Trade-In Offer:<sup>1</sup>**

Quantity: \_\_\_\_ Outpatient® II Single Ceiling (including warranty)

Quantity: \_\_\_\_ Coolspot™ II Single Ceiling (including warranty)

**III. Preferred Dealer Contact Information:**

Preferred Dealer/ Distributor: \_\_\_\_\_

Name of Contact/Sales Person: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

BURTON CONFIRMATION FOR TRADE-IN: No. \_\_\_\_\_

\_\_\_\_\_  
Brice Kaleski, V.P. Marketing and Sales

\_\_\_\_\_  
Date:

<sup>1</sup> Quantity must be equal or less than the number of total lights in “A”.

**OFFER VALID ONLY  
THROUGH 12/31/08**