

## Professional Registration

Customers in the **Professional** Category are members of a formal organization or entity providing clinical or research services to its clients. Examples would include Medical practices and institutions, Research organizations such as pharmaceutical companies or universities, Assisted Care facilities, organizations providing FCE services, Sports Trainers, etc. Each of these organizations is registered with Federal and State governments and is issued a EIN (Employment Identification Number) or similar identification as a For-Profit or Non-Profit entity. Purchasers within this Category are considered repeat customers utilizing Products under professional guidance and with technical understanding. Authorized Professional Customers may purchase Products for shipment only within their organization. Payments for Purchases made by Authorized Professional Customers may be provided by use of PayPal, or Visa/MasterCard credit cards accounts unless otherwise authorized by MD Systems.



Registration for medical, clinician, research institution, service provider (FCE, Sports Trainer, etc). Professional Customers are provided prices at discounts on MSRP as a result of their volume purchases, exposure to end-users who may purchase company products as an exercise/therapeutic device, or perform/publish research studies using company products. Payment via credit card due at time of shipment (large orders may qualify for alternative payment terms)

\*required information

\*Email Address

\*Purchaser name

\*Business or Institution Name

\*Shipping Address

\*Street Address

Address line 2

\*City

\*State

\*Postal / Zip Code

\*Country

\*Contact Phone

Mailing Address (if different from shipping)

Street Address

Address line 2

City

State

Postal / Zip Code

Country

\*Profession Type – please circle

Institutional Research - Corporate Research - FCE (Functional Capability Evaluation) organization

Education - Medical Practice - Clinical Practice - Assisted Care Facility - Sports Therapy - Sports Training

If Other, please describe:

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\*Practitioner Type

MD  DO  RN  OT  PhD  Physiologist  Technician  Research Specialist  Sports Trainer

Other, please explain:

Please print form, complete and mail to P.O. Box 1647, Westerville, OH 43086, USA. OR scan and email to [sales@mdsystems.com](mailto:sales@mdsystems.com)

Thank you,

