

6 Pack Pipette & Carousel Combo Claim Form

Thank you for purchasing your pipettes with Mediray. Please fill out **all** the fields below and send through to info@mediray.co.nz to claim your 6 pack of pipettes and carousel!

|  |  |
| --- | --- |
| Full Name:  |  |
| Email: |  |
| Phone: |  |
|  |  |
| Organisation  |  |
|  |  |
| Address:  |  |
| City |  |
| Post Code |  |
|  |  |
| Goods supplied  |  |
| Goods claimed |  |