



SOLMETEX COMPLIANCE PROGRAM™

Enrollment Form

Please select which products you would like to enroll in the Solmetex Compliance Program, along with your desired quantity and frequency of shipments.

PRODUCT	TYPE/SIZE	SUGGESTED RETAIL	1 ST SHIP DATE	QTY PER SHIPMENT	FREQUENCY OF SHIPMENTS <small>(Indicate # of months)</small>
Collection Container	NXT Hg5	\$386			
	Hg5 <i>(Legacy)</i>	\$398			
Practice Waste Solutions Amalgam Bucket	1.25 Gallon	\$154			
	2.5 Gallon	\$214			
	3.5 Gallon	\$236			
	5 Gallon	\$360			
PowerScrub™ Vacuum Line Cleaner — Case Kit	Four 64oz Bottles	\$246			
PowerSonic™ Ultrasonic Cleaning Solution— Case Kit	Four 32oz Bottles	\$225			

Doctor name: _____ Practice name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Phone: _____ Fax: _____

E-mail: _____ Dealer: _____

Authorizing signature: _____

To submit, email completed form to Solmetex at sales@solmetex.com

Enrollment only applies to dental practices within the the USA.