

Member Request Benefit Form

Please complete form and submit to Solmetex along with a copy of your dealer invoice for the purchase

1. A complimentary NXT Hg5 Collection Container with Recycle Kit
2. Buy 3 boxes of FastCheck15, Get 1 box Free.
3. Get 2 Free Samples of FastCheck15.
4. Buy 3 boxes of autoclavable DryShield mouthpieces, Get a DryShield Isolation System Free.
5. Buy 2 boxes of autoclavable DryShield mouthpieces, Get one bottle of PowerSonic Free.

Member Name: _____

Practice Name: _____

Street Address: _____

Mailing Address: _____

City: _____

State: _____ Zip code: _____

Phone: _____ Fax: _____

Email: _____

Email this request to sales@solmetex.com or fax to 508-393-1795 or
mail to: Solmetex, 4 Mount Royal Ave, Ste 4-250, Marlborough, MA 01752.