

# DiaMedUSA

The Company That Cares.

For All Your Medical Equipment, Supplies & Pharmaceuticals

## 3rd Quarter Promotions



## FREE Stand!

**BUY** a 5300 Vital Signs Monitor –

**GET** a **FREE** stand!

Value  
\$185.00

<u>Item #</u>	<u>Description</u>
V530BN0001	5300 Vital Signs Monitor (NIBP w/ Nellcor SpO <sub>2</sub> )
V530BNT001	5300 Vital Signs Monitor (NIBP w/ Nellcor SpO <sub>2</sub> / Alaris Temperature)
V530B0T001	5300 Vital Signs Monitor (NIBP w/ Alaris Temperature)
V530BNT001	5300 Vital Signs Monitor (NIBP w/ Nellcor SpO <sub>2</sub> , Alaris temperature and built-in printer)



\* End User redemption form required. (See reverse side)

MMQ3

## EXCLUSIVE PROMO OFFERS! VALID JULY 1 - SEPTEMBER 31, 2010

Special promotion valid July 1 – September 31, 2010. Additional shipping/handling charges may apply. Specials can not be combined with any other offer on same product. Free stand provided directly from manufacturer. Complete and fax the redemption form (reverse side) and a copy of your customer invoice to Amanda Turner at 425-402-2020 before October 15, 2010 for shipment of free stand. Please allow 3-4 weeks for delivery.

**Toll Free: 800-587-6531 Fax: 866-528-8048**

**www.diamedusa.com**



# July – September 2010 Vital Signs Monitor Free Stand Redemption Form

Physician must order and be invoiced for a Cardiac Science Vital Signs Monitor with a minimum of one option between July 1 and September 30, 2010 to be eligible for the free stand promotion.

**Customer:** Fax this form and a copy of the customer invoice to Amanda Turner at 425-402-2020 before October 15, 2010 for shipment of the free stand listed below

Please allow 3-4 weeks for delivery. Offer may not be combined with any other promotional offer or discount.

- I purchased a Cardiac Science Vital Signs Monitor and would like to have my FREE rolling stand sent to my attention. I understand I am eligible for 1 stand (Part no. xVS0000099) per Vital Signs Monitor ordered. Total value of free goods: \$185. (PROMO VSM Q310)

\_\_\_\_\_  
Account Name

\_\_\_\_\_  
Account Contact

\_\_\_\_\_  
Account Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State / Zip

\_\_\_\_\_  
Phone number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Buyer's Name

\_\_\_\_\_  
Buyer's Signature

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\_\_\_\_\_  
Dealer Rep Name

\_\_\_\_\_  
Cardiac Science DM

\_\_\_\_\_  
Dealer Rep Company

