
MANUFACTURER'S YEAR END SPECIAL!

GET 4 FOR THE PRICE OF 3
Valid: October 1 - December 31, 2017

For any customer who purchases 3 boxes of Hemosure iFOBt, one box of the same product will be provided by Hemosure®

Boxes available for promotion will only be:
T1-CK30*, T1-CK30T, T1-CK50, T1-CT30, T1-CT50,
and DUO-iFOB20.

Promo is valid to new and existing customers.



BEST SELLER
T1-CK30*

Once you have ordered your three (3) Hemosure iFOBt qualifying kits from your Distributor, please fill out the form below and send along with a copy of your invoice or packing slip to (626) 606-0565 or you can scan and email to sales@hemosure.com. Hemosure, Inc. will ship your fourth kit one (1) month from invoice date. Qualifying orders must contain a minimum of three (3) kits of the same part number on a single purchase order.

If you have any questions please call Hemosure, Inc. at 888-Hemosure (436-6787). We will be happy to assist you.

Due to manufacturer price increases, prices are subject to change without notification. Offer valid on Hemosure® T1-CK30, T1-CK30T, T1-CK50, T1-CT30, T1-CT50, and DUO-iFOB20. Upon any request by Medicare, Medicaid, Tricare or other payer, you must report the value of any benefit received from a discount program (e.g., points redemptions, gifts or other special awards). To continue to receive valuable information and offers from Hemosure, Inc., no action on your part is required. Under Federal and State law, you have the right to have your fax number placed on our Do Not Fax list. If you choose to be placed on our Do Not Fax list, you may not be eligible for certain product discounts and other special offers that are only available through our fax promotions. In order to be placed on our fax advertising Do Not Fax list, please fill out the form, fully complete the required information, and fax this request to our fax advertising 24 hour fax number: 626.606.0565.

*THIS OFFER CANNOT BE USED IN CONJUNCTION WITH ANY OTHER DISCOUNT OR PROMOTIONAL OFFER

FULL NAME: _____ COMPANY: _____

TITLE: _____ EMAIL: _____ PHONE #: _____

DISTRIBUTOR: _____ DISTRUBTOR REP: _____ PO #: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HEMOSURE REP NAME: _____ PROMO CODE: **HS-Q417** OFFER EXPIRES: **Dec. 31, 2017**

<input type="checkbox"/>	PRODUCT#	T1-CK30	NUMBER OF BOXES (LIMIT 20)	_____
<input type="checkbox"/>	PRODUCT#	T1-CK30T	NUMBER OF BOXES (LIMIT 20)	_____
<input type="checkbox"/>	PRODUCT#	T1-CK50	NUMBER OF BOXES (LIMIT 20)	_____
<input type="checkbox"/>	PRODUCT#	T1-CT30	NUMBER OF BOXES (LIMIT 20)	_____
<input type="checkbox"/>	PRODUCT#	T1-CT50	NUMBER OF BOXES (LIMIT 20)	_____
<input type="checkbox"/>	PRODUCT#	DUO-iFOB20	NUMBER OF BOXES (LIMIT 20)	_____