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RETURN THIS FORM TO: larry@archetypeimaging.com

BETTER LIGHT OWNERS' FORUM SUBSCRIPTION
please fill out and return this page

4x5 INSERT Model _____ Serial Number _____

CONTROL UNIT Model _____ Serial Number _____

Purchase Date _____

Dealer's Name _____

Your Name _____

Business Name _____

Street Address _____

City, State, Zip Code _____

Country _____

Telephone Number _____

Fax Number _____

Email Address _____

What types of subjects and lighting do you plan to use with this system?

Any additional comments or questions?