

Please print this page, fill it out and mail to us.

**:- REGISTRATION FORM :-**

\* Required field

\* Report/Summary No: \_\_\_\_\_

\* Last Name: \_\_\_\_\_

\* Middle Initial: \_\_\_\_\_

\* First Name: \_\_\_\_\_

\* Address: \_\_\_\_\_

\* City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip: \_\_\_\_\_

\* Email Address: \_\_\_\_\_

\* Phone Number: \_\_\_\_\_

**Certificate:**

Registration Only (\$25.00)

Register and Purchase Certificate (\$45.00)

Update Replacement Value (\$25.00)

Update Registration Information (Address Change)

**Payment Method:**

Visa Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Master Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

American Express Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Bank Check (Included)

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date

Mail to: Independent Laboratories  
25 W 45th Street  
Suite 1406  
New York, NY 10036