Product Registration

IMPORTANT: Please complete and return within 15 days. Please print.

Product: ☐ Power Chair ☐ Wheelchair ☐ Scooter ☐ PMV ☐ Lift Chair ☐ Lift System

Model Name:_____

Your Name and Address:

Phone Number:_____ E-mail:_____

Where did you buy your Pride product?

_____ Date of Purchase:_____

☐ I have read the Owner's Manual that accompanied my Pride product and fully understand its contents.
☐ My provider has instructed me on how to operate this product.

Optional information: The information you provide below will help Pride develop future products and serve you better.

Date of Birth:_____ Height:_____cm Weight:_____ kg

Physical Limitations (if any):_____

I purchased my Pride product because of (check all that apply):

☐ Pride's reputation ☐ Style/appearance ☐ Outdoor performance ☐ Indoor performance
☐ Comfort ☐ Previous experience ☐ Sale/promotion ☐ Price/value
☐ Recommendation ☐ Other:_____

List up to 3 publications you receive in your home:_____

List your 3 favorite television programs:_____

Do you have access to the internet? ☐ Yes ☐ No

Did anyone help you with your purchasing decision? ☐ Yes ☐ No

If yes, please specify:_____ **Serial #:**