BrainMaster TECHNOLOGIES
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BrainMaster Module Registration

Please register your new BrainMaster unit so that we can keep it updated for upgrades, notices, and special offers. If you have purchased your unit from a distributor, it is **imperative** that we get your information so that the file for the unit reflects you as the true owner so that it does not affect your warranty coverage, or you receiving your passkey for software operation.

Name:_____

Address:_____

City, State, Postal/Zip, Country:_____

Telephone Number:_____

Fax Number:_____

Email*:_____ **Website:**_____

*This will be the address that the passkey will be sent to

BrainMaster Unit: ☑ Atlantis I/Atlantis II ☐ 2EB/2EB+ ☐ Discovery 20/24 ☐ Mini-Q II ☐ Other:_____

Serial Number (Located on the bottom of the Amplifier following the letters "SN"):_____ **Date Purchased:**_____

Purchased From:_____

How did you hear about BrainMaster?

☐ Web Page ☐ Known User ☐ Conference ☐ Clinician Referal ☐ Other

_____ Publication _____ User _____ Date/Location _____ Clinician _____ Reason

Your application of use for your BrainMaster unit:

☐ Educational Research ☐ Biofeedback ☐ Clinician ☐ Other

_____ Referal _____ Referal _____ Reason

Comments (Why you chose BrainMaster, which features are important to you, what features you would like to see, etc):

_____

_____

_____

May we use your comments as testimonial? ☑ Yes ☐ No

Have you thoroughly read your Extended Warranty and Limited Warranty documentation?	☑ Yes	☐ No
Would you like to become apart of the PCCP Program(See 531-110 for details)?	☑ Yes	☐ No
Would you like to be a member of the BrainMaster Community Groups(See 531-110 for details)?	☑ Yes	☐ No
Would you like to receive access to complimentary Affiliate Webinar Series?	☑ Yes	☐ No
Would you like your clinic listed on BrainMaster's Website(See 531-110 for details)?	☑ Yes	☐ No
I have read the End Users License Agreement contained inside the BrainMaster Software*:	☑ Yes	

*Must check Yes to receive passkey

Signature:_____ **Date:**_____

Description of your Practice (Complete if you want to be listed on BrainMaster's Find a Clinicians Page):

_____

_____

_____

Click This to Submit to BrainMaster Technologies