



USER INTEREST FORM

Continuing Home Use of SR-100 Technology

ARE YOU:

- A therapist who has used stochastic resonance (SR) technology with a patient in the clinic, and they or their family would like more information?
- A user of one or more SR-100 wearables, or a family member of a user wanting more information prior to purchasing for home use?

Complete the form below, and an Accelerera representative will be in touch.

I am interested in:

SR-100 Large

SR-100 Small

SR-100 Leads-Only Kit

Customer Name:

Shipping Address:

Phone Number:

Email:

Do you have any questions? Is there anything you'd like us to know about your unique situation?

Completed By:

Date:

Please complete this form online at accelera.us, or download and complete this form and email it to info@accelera.us