

Your practice or studio on the Internet

You offer Galileo Training or Galileo Therapy? We would be pleased to add you to our list of therapy and training locations on the Internet. Interested patients or customers from your region can contact you directly. You can find the list online on our website <http://www.galileo-training.com> or <http://www.galileo-therapy.com> (under "Locations"). This service is of course free of charge for you! Please fill in and sign this form and send it to us by post or fax. You can specify several device types. Even if you also offer Leonardo Mechanography or pQCT Bone Density & Geometry, you only have to fill in the form once. However, if your data should change, please inform us in writing.

Your Entry: For your entry, we need the data indicated in **bold** type and marked with an asterisk (*). Fax and internet information are optional.

Name of the facility*: _____

Kind of location*: Clinic Office based physician Physiotherapy Fitness centre
 Other _____

Device type(s)*: (multiple answers) Galileo floor mounted device Galileo tilt table Galileo dumbbell Leonardo Mechanography pQCT

Street, no.*: _____

ZIP, city*: _____

Country*: _____

State (US only): _____

Telephone*: _____

Fax: _____

Internet: _____

The following additional **bold** and with asterisk (*) indicated information we need only for our internal check. This information is not published in the internet! Please understand that we solely publish locations for Galileo therapy and training, Leonardo Mechanography and pQCT bone density and geometry on our website.

E-mail: _____

Serial number*:
(at least one device) _____

Device*:
(e.g. Galileo Fit) _____

Purchased at (MM.YYYY): _____

Purchased from*: _____

Which customer / patient groups are looked after by you?

We are often contacted by patients with special illnesses or by clients with a specific focus who are looking for a practice or studio that is suitable for them. In order to be able to help you in the best possible way, please let us know which patient groups you mainly treat and which customer groups you mainly care for. Do you have an additional area of expertise?

Please post my data as given above on the internet.

Please note: Customers based in the US will also be listed on the websites of our US distributors.

Date: _____

Practice stamp / Studio
signature: _____