

LIFE SAVERS, INC.

Serving Your Health & Safety Education and Supply Needs

Defibtech, LLC. has released a Software Upgrade for the Defibtech Lifeline AED and Trainer that follows the “Highlights of the 2005 American Heart Association Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care.” This upgrade changes the instruction of CPR and defibrillator shock sequence to meet the new guidelines for CPR released by the American Heart Association.

LifeSavers, Inc. is offering several options:

- a. You may bring your Defibtech Lifeline AEDs and/or Trainers to our location in Fairfield, NJ to be upgraded at **no cost** in less than 5 minutes per AED. If you choose this option, please call (973) 244-9111 to schedule an appointment.
- b. For the cost of \$20 to cover freight charges, an upgrade kit will be sent to you with a return label. You follow instructions to perform the upgrade and when finished you send the package back to us using the prepaid return label. (Please note: If we do not receive the upgrade package back within 10 days you will be charged an **additional** \$29 for non-return fee).
- c. For \$49 you may purchase the upgrade kit to be sent to you. You will perform the upgrade and download the serial #s of the AEDs you upgraded. Once you have downloaded the serial #s to us for tracking purposes, you may keep the upgrade card, which is a standard memory card for your use.
- d. Onsite upgrade service available. Please call for pricing.

Each upgrade card can upgrade multiple AEDs and/or Trainers

Approximate number of AEDs and Trainers you will be upgrading _____

Name of Company/Dept: _____

Contact Person: _____

Address (**no** PO Boxes): _____

City/State/Zip Code: _____

Phone Number: _____ Fax Number: _____

Please Select One : ___ Option A (No cost) ___ Option B (\$20) ___ Option C (\$49) ___ Option D (\$TBD)

We accept (please circle one): Visa, Mastercard, American Express, Money Orders and Purchase Orders.

Credit Card # _____ Expiration Date (mm/yy) _____ Name on Card _____

OR Check # / PO# / Money Order # _____

By signing this form you agree that you have read and understand the terms and conditions put forth in this form.

Authorizing Signature _____ Date _____

PLEASE FAX THIS FORM BACK TO (973)244-1666. Emailed forms will not be accepted.