

ROLE AUDIO LOUDSPEAKER REGISTRATION

Model _____ Serial No. _____ Purchase Date _____

First Name _____ Last Name _____

Address _____ Phone _____ Fax _____

City _____ State _____ Postal Code _____

Purchased From: Dealer _____

NSM/ Role Audio (check) _____

Other: _____

Your E-mail Address _____

How did you first learn about this speaker (check one)?

Ad ___ Dealer ___ Internet ___ Role Web Site ___ Trade Show ___ Friend ___

Magazine _____ Which Magazine _____ Other _____

Did you buy these speakers separately ___ As part of a system ___ As upgrade ___

Comments _____

Mail with proof of purchase to:

**Loudspeaker Registration
Role Audio
P.O. Box 13396
Research Triangle Park
NC, USA 27709-3396**