



**Respiratory Simulation Specialists**

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**INGMAR MEDICAL**

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PO Box 10106 Pittsburgh, PA 15232 USA  
412.441.8228 Toll free 800.583.9910  
www.ingmarmed.com

**Business Partner Application**

Please fill out form and return  
via email to  
[info@ingmarmed.com](mailto:info@ingmarmed.com)

We invite you to apply to become an IngMar Medical business partner by completing this form:

Company: \_\_\_\_\_

Year Founded: \_\_\_\_\_

Number of Employees: \_\_\_\_\_

Address/Street: \_\_\_\_\_  
\_\_\_\_\_

City and State: \_\_\_\_\_

Country: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Website: \_\_\_\_\_

Your Full Name: \_\_\_\_\_

Title: \_\_\_\_\_

Department: \_\_\_\_\_

Email: \_\_\_\_\_

Tel: \_\_\_\_\_

Fax: \_\_\_\_\_

Which IngMar Medical product(s) are you interested in representing?:  
\_\_\_\_\_

What respiratory related products does your company sell?:  
\_\_\_\_\_

What respiratory companies does your company represent?:  
\_\_\_\_\_

What other companies/products do you represent?:  
\_\_\_\_\_

Into which countries do you wish to sell our products?:  
\_\_\_\_\_

In the past 12 months, what tradeshows did you attend as an exhibitor?:  
\_\_\_\_\_

In what publications do you currently advertise?:  
\_\_\_\_\_

Are you willing to purchase demo units for your facility?:    \_\_\_yes    \_\_\_no