Fellowes®

AERAMAX PRO AM4

HEALTHY AIR HEALTHY SPACES

ITEM: 9573101, 9573301, 5002101, 5999801

RECIEVE A **BONUS** PERSONAL AIR PURIFIER
WITH EVERY PURCHASE OF AERAMAX PRO AM4

AERAMAX 190/200
Black - 9286101 | White - 9320401

©2023 Fellowes, Inc.

✂ ···

OPTION 1: BY MAIL
To receive your bonus air purifier, clip the "Part Number" from the back cover of the original product manual. Mail with a copy of the receipt, invoice, or packing slip and the completed form below.

OPTION 2: ONLINE
To receive your bonus air purifier, go to www.fellowes.com/CA-MIR-AIR or scan the QR code. Upload a photo of the part number from the back of your manual, a copy of your receipt/invoice/or packing slip, and complete the required form online.

Company*: _____

Name & Title*: _____

Address*: _____

City*: _____ PROVINCE: _____ POSTAL: _____

Phone*: _____ Email: _____

Place of Purchase*: _____

Would you like to participate in market research studies?   o Yes   o No

Would you like to receive tips and special offers via e-mail?   o Yes   o No

Offer valid only on purchase of the Fellowes® AeraMax model listed in this flyer made between 1/10/23 and 31/12/23. Submit this form along with the "Part Number" code from the back of the original product manual and the original invoice dated between 1/10/23 and 31/12/23. Submissions must be postmarked by 1/3/24. Allow up to 12 weeks for delivery. Product will be issued to the purchaser on the original invoice. Not responsible for lost, late, misdirected, stolen, postage due or undeliverable mail. Illegible or incomplete requests will not be honoured. Fellowes dealers, distributors and their employees are ineligible. Void where prohibited, licensed, restricted or taxed by law. Offer only valid for purchases made in Canada; good for "bonus" product listed only with no cash value. Maximum 5 unit redemption per organization per location, PO Box addresses will not be accepted.

Mail to:
FELLOWES CANADA
c/o AMPRO BONUS GWP
1261 Tapscott Rd
Scarborough, ON, Canada
M1X 1S9

MIR CODE: **AM4-190200A**

*REQUIRED INFORMATION