



## ARTICULATOR AND FACE BOW REGISTRATION

Complete the following information and either fax or mail to Whip Mix Corporation to register your articulator and face bow.

WHIP MIX ARTICULATOR      Serial Number \_\_\_\_\_

QUICK MOUNT FACE BOW      Serial Number \_\_\_\_\_

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City, State & Zip Code \_\_\_\_\_

Phone \_\_\_\_\_

Dealer Name \_\_\_\_\_

Whip Mix Corporation  
P.O. Box 17183  
Louisville, KY 40217

Fax: 502-634-4512