



## Become a Sleepvantage Member

### Register Your Product

If you have purchased your ResMed product from our distributors within Australia or New Zealand, you can become a Sleepvantage member and access exclusive membership benefits by registering your product. To register your device and mask, please fill the form below

Please email your completed form to  
[info@sleepvantage.com.au](mailto:info@sleepvantage.com.au)

### Your Contact Details

Title	First Name	Last Name
Email	Gender	
Home Number	Mobile Number	
Address		
Suburb	State	Post Code
Date of Birth       /       /		

### Your Device Details

Please select a ResMed Device below					
<input type="checkbox"/>	AirCurve 10 CS PaceWave	<input type="checkbox"/>	AirSense 10 AutoSet	<input type="checkbox"/>	AirSense 10 AutoSet for Her
<input type="checkbox"/>	AirMini	<input type="checkbox"/>	AirSense 10 Elite		
Serial Number					
Device Purchased From					
Promotional Code (If Applicable)					
Extended Warranty Code (If Applicable)					

## Your Mask Details

Please select a ResMed mask below

<input type="checkbox"/>	AirFit P10	<input type="checkbox"/>	AirFit P30i	<input type="checkbox"/>	AirFit N10	<input type="checkbox"/>	AirFit N20	<input type="checkbox"/>	AirFit N30
<input type="checkbox"/>	AirFit N30i	<input type="checkbox"/>	AirFit F10	<input type="checkbox"/>	AirFit F20	<input type="checkbox"/>	AirFit F30	<input type="checkbox"/>	AirFit F30i
<input type="checkbox"/>	AirFit N20 Classic	<input type="checkbox"/>	AirFit P10 for Her	<input type="checkbox"/>	AirFit N10 for Her	<input type="checkbox"/>	AirFit N20 for Her	<input type="checkbox"/>	AirFit N20 for Her
<input type="checkbox"/>	AirFit F10 for Her	<input type="checkbox"/>	AirFit F20 for Her	<input type="checkbox"/>	AirTouch N20	<input type="checkbox"/>	AirTouch F20	<input type="checkbox"/>	AirTouch F20
<input type="checkbox"/>	AirTouch F20 Starter Kit	<input type="checkbox"/>		<input type="checkbox"/>	Mirage FX	<input type="checkbox"/>	Mirage FX for Her	<input type="checkbox"/>	Mirage FX for Her
<input type="checkbox"/>	Swift FX	<input type="checkbox"/>	Swift FX Nano	<input type="checkbox"/>	Swift FX Nano for Her	<input type="checkbox"/>	Swift FX Bella	<input type="checkbox"/>	Swift FX Bella
<input type="checkbox"/>	Quattro Air	<input type="checkbox"/>	Quattro Air for Her	<input type="checkbox"/>	Pixi Paediatric	<input type="checkbox"/>		<input type="checkbox"/>	

Mask Purchased From

Promotional Code (If Applicable)

If you are not using a ResMed mask, please enter its name and brand below:

## Attach Your Invoice

Purchase Date      /      /

Please attach a copy of your invoice to this document before returning  
Email your completed form to: [info@sleepvantage.com.au](mailto:info@sleepvantage.com.au)

I agree to become ResMed Sleepvantage Member

ResMed may use this information that you provide in order to market or advertise products to you. By checking this box, you consent to this use by ResMed, its terms of use and privacy policy. If you are entering this information on behalf of another individual, you represent that you are legally authorized to provide consent on behalf of such individual.