

**Order (also informally) by email to info@age-simulation-suit.com
or by fax to +49 (0)7325 - 18 0 81-55**

or by mail to Produkt + Projekt Wolfgang Moll, Andreasweg 7, 89168 Niederstotzingen, Germany

Invoice address:

Delivery address (if different):

Company: _____

Company: _____

Company: _____

Company: _____

Name: _____

Name: _____

Street No.: _____

Street No.: _____

Code City: _____

Code City: _____

State: _____

State: _____

Phone: _____

Phone: _____

Email: _____

Email: _____

VAT-ID: _____ for tax free intracommunity delivery outside Germany

Delivery date: immediate not before: _____ not later than: _____

Goods and services	QTY	EUR/GBP
Age simulation suit GERT (simulation of vision, hearing, motion)		
Additional cervical collar and 20 changing covers (washable)		
Suitcase (trolley fabric)		
Overshoes (2 pairs in 2 sizes simulating an unsteady gait)		
Knee wraps (1 pair for an enhanced restriction of mobility)		
COPD simulator (1 rib bandage and 1 adjustable nose clip)		
Tremor simulator (2 pairs of gloves in 2 sizes and 1 control unit)		
Tinnitus simulator (1 pair of headphones and 1 playback device)		
Simulation glasses (box with 6 glasses simulating eye diseases)		
Hemiparesis simulator (set simulating a unilateral paralysis)		
Back pain simulator (set of 2 simulators in 2 sizes)		
Shipping costs		
Net amount (plus German VAT at 19% without valid VAT-ID)		

Remarks:

All sales base on the AGB/GTC available at: www.produktundprojekt.de/agb.html

Place, Date: _____

Name: _____