



Vascular access like a **PEDS NURSE!**

Thank you for your interest in Firefly!

We are confident that the addition of the Firefly Vein Light® Model 2.0* to your unit will serve as a valuable tool to your staff and to the children in the community they serve.

Firefly Vein Light® LLC is happy to provide you with two Firefly Vein Light® Model 2.0*s to demo on your unit for **60 days**. If you are pleased with the product and would like to place an order with us you will simply keep the demo products and those two units will be deducted from your final order quantity as fulfilled.

If you decide that Firefly is not what you are looking for, we thank you for giving us the opportunity to showcase our product and ask that you return the demo products (*Firefly Vein Light Model 2.0* only*) to our distribution center at the end of the 60 day period.

Any unreturned demos will result in a hold on all future orders from the facility until demos have been returned to Firefly Vein Light LLC.

Requirements:

- Requests **must** be from management.
- Requests must come from an official hospital email address.
- Facility name/unit(s).
- Shipping address.

Please complete the attached request form and email it to information@fireflyveinlight.com to receive your 60 day trial demos.

We look forward to working with you and hearing any feedback you may have for us.

Firefly Vein Light LLC
200 W. Martin Luther King Blvd
Suite 1046
Chattanooga, TN
37402

TEAM FIREFLY



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Firefly Demo Request Form

By submitting this for you agree to the terms of the demo listed on page one.

Point of Contact Name: _____.

Title: Must be from management team _____.

Email: Must be an official hospital email _____.

Phone Number: _____.

Facility Name: _____.

Department(s): 2 demos per unit _____.

Shipping Address (for demos): _____.

_____.

_____.

Signature: _____.

Please email request form to information@fireflyveinlight.com to receive your 60 day trial demos.

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