



Conversion Form

Please print this form, fill it out and include with your camera

Order Date:
Name:
Return Address (if different from checkout address):
Camera Model:
Camera Serial Number:
Conversion Type: <input type="checkbox"/> Standard 720nm <input type="checkbox"/> Full Spectrum <input type="checkbox"/> Two Spectrum <input type="checkbox"/> 590nm "Ultra Color" <input type="checkbox"/> 665nm "Enhanced Color" <input type="checkbox"/> 850nm "Deep Infrared" <input type="checkbox"/> Anti-Aliasing Removal <input type="checkbox"/> Astrophotography H-alpha <input type="checkbox"/> Thin-Filter <input type="checkbox"/> Sensor Repair <input type="checkbox"/> Other: _____
Where did you hear about us? <input type="checkbox"/> Friend <input type="checkbox"/> Web Search <input type="checkbox"/> Advertisement <input type="checkbox"/> Referring Website _____ <input type="checkbox"/> Other _____
Other Notes (Please indicate if you have any specific deadline here):