HAIX® Instructor Program Request

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Shipping Information

Name: _____

Shipping Address: _____

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Billing Information

Billing Address: _____

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Purchase Information

Size	Width	Please indicate boot model choice below
		☐ Athletic 11 High ☐ Tactical 20 High ☐ Tactical 20 Mid

Please fill out this form and return with a copy of your Instructor's Certificate and Photo I.D.

Email: Service-hna@haix.com

or

Fax: 859-281-0113