



REQUEST FOR SERVICE

FAX BACK TO 03 58 591 363

Date Fax or Call Received: ____ / ____ / ____

I would like to receive the following product advisories: (Tick)

a) Broadacre Nutritional Solutions Product Advisory	<input type="checkbox"/>	f) Turf & Landscape® Product Advisory	<input type="checkbox"/>
b) Green and Gro® Product Advisory	<input type="checkbox"/>	g) Fertigation Tanks & Accessories Product Advisory	<input type="checkbox"/>
c) Spring Start® Product Advisory	<input type="checkbox"/>	h) Balanced Agronomy Product Advisory	<input type="checkbox"/>
d) SprayNPK® Product Advisory	<input type="checkbox"/>	i) BiologiCAL® & QuadSHOT® Product Advisory (New)	<input type="checkbox"/>
e) Sustain & Gro® Product Advisory	<input type="checkbox"/>		

I would like SLTEC to: (Tick)

a) Contact us so we can confirm a price or place an order via an approved dealer/agent for a SLTEC product or service	<input type="checkbox"/>	e) Assist us to design an efficient fertilizer injection system or improve our existing fertilizer injection system	<input type="checkbox"/>
b) Add our contact details so we can receive the SLTEC Enews via email	<input type="checkbox"/>	f) Assist us to convert existing broad acre machinery to utilize liquid fertilizers (seeders & other)	<input type="checkbox"/>
c) Contact us regarding an agronomic or liquid fertilizer technical or agronomic question	<input type="checkbox"/>	g) Help us determine whether our irrigation system is performing efficiently and to understand what our distribution uniformity really looks like	<input type="checkbox"/>
d) Provide us with more detailed information about our products and services	<input type="checkbox"/>		

I am interested in registering for:

Tick

a) The SLTEC Advanced Fertigation Interactive Workshop (½ day workshop)	<input type="checkbox"/>
b) The SLTEC Advanced Nutrient Management Interactive Workshop (1 day workshop)	<input type="checkbox"/>
c) The SLTEC Soil Fertility & Health Management Interactive Workshop (½ day workshop)	<input type="checkbox"/>

Are there other questions you have or ways we can serve you?

My areas of interest and activity include;: (Tick)

a) Cereals & Grains	<input type="checkbox"/>	g) Hydroponics	<input type="checkbox"/>	m) Professional Sports Turf	<input type="checkbox"/>
b) Dairy Pastures	<input type="checkbox"/>	h) Landscaping	<input type="checkbox"/>	n) Vegetable Production	<input type="checkbox"/>
c) Fodder/Silage Crops	<input type="checkbox"/>	i) Livestock	<input type="checkbox"/>	o) Viticulture (Wine & Table Grapes)	<input type="checkbox"/>
d) Home Garden	<input type="checkbox"/>	j) Nurseries (Wholesale/Retail)	<input type="checkbox"/>	Other: (Please Specify)	
e) Horticultural Row Crops	<input type="checkbox"/>	k) Pastures (Other)	<input type="checkbox"/>		
f) Horticultural Tree Crops	<input type="checkbox"/>	l) Parks & Gardens	<input type="checkbox"/>		

Please clearly provide your details below so we can assist you:

Mr Mrs Ms Dr	First Name:	Surname:		
Title/Position:		Farm/Company:		
Farm Address:	Town/Suburb:	State:	Postcode:	
Postal Address:	Town/Suburb:	State:	Postcode:	
Business Phone:		Email:		
Fax:	Mobile:	Home:		

Preferred Method of Contact:



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